SELECT BOARD MEETING AGENDA

DATE: **6:00pm Monday, April 28, 2014**
HELD: **Public Safety Complex (2nd Floor Meeting Room) 20 George Bennett Rd, Lee**

The Select Board reserves the right to make changes as deemed necessary during the meeting. Please limit your speaking time to 15 minutes.

1. **Call to Order - 6:00 pm**

2. **Public Comment**

3. **Scott Nemet, Fire Chief – On-Call Fire Fighter Max Brown**
   Introduce Max Brown, the new part-time on-call fire fighter, to the Board of Selectmen.

4. **Julie Glover, Town Administrator – Agenda for Library Workshop**
   Review items to be put on the Agenda for the Library Building Committee Workshop scheduled for May 8th at 6pm.

5. **Randy Stevens, Highway Supervisor and Recreation Commission – Little River Park Site Walk**
   Review the list of uncompleted items that were discussed at the LRP site walk on April 9th and agree upon a plan in which to address these items.

6. **Randy Stevens, Highway Supervisor – Update, Road Work Plan Town Hall Parking Lot Paving**
   Provide an update report to the Board regarding the highway department, submit a draft summer road work plan and discuss whether or not to pave the Town Hall parking lot.

7. **Julie Glover, Town Administrator Report**
- OYRA Request to Use Stevens Field
- Miscellaneous

8. **Consent Agenda Items** - (Individual items may be removed by any Selectman for separate discussion and vote)

SIGNATURES REQUIRED	INFORMATION ONLY
Intent to Excavate (5)	Emails in Support of New Library
Elderly Exemption (2)	FEMA Flood Insurance Map and Updated Study
Educational Exemption	2nd Annual Raid Rockingham Bike Ride
Religious Exemption	Final Tax Bill Notification
Charitable Exemption	Transfer of Funds for employee termination payouts
UNH Communications Center Agreement	Invitation to the Consultation Coordination Officer's Meeting
Conservation Commission Appointment form	
Highway Safety Grant Application	

9. **Acceptance of Public and Non Public Minutes from March 31, 2014 and April 14, 2014.**

10. **Acceptance of Manifest #21 and Weeks Payroll Ending April 27, 2014**

11. **Miscellaneous/Unfinished Business**

12. **Non-Public**

    a. **RSA 91-A:3 II (a)** – Fire Department Personnel
    b. **RSA 91-A:3 II (c)** – Tax Deed Waivers

13. **Adjournment**

Posted: Town Hall, Public Safety Complex, Public Library and on leenh.org on April 25, 2014

Individuals needing assistance or auxiliary communication equipment due to sensory impairment or other disabilities should contact the Town Office at 659-5414. Please notify the town six days prior to any meeting so we are able to meet your needs.

TOWN of LEE
7 MAST RD, LEE, NH 03861
(603) 659-5414

Office Use Only

Meeting Date: April 28, 2014

Agenda Item No. 5

BOARD OF SELECTMEN
MEETING AGENDA REQUEST

4/28/2014

Agenda Item Title: Little River Park Site Walk

Requested By: Select Board **Date: 4/14/2014**

Contact Information: n/a

Presented By: Chairman Cedarholm

Description: Review the list of uncompleted items that were discussed at the LRP site walk on April 9th with Selectman Bugbee, Randy Stevens, Larry Kindberg, Katrinka Pellechia, Annie and Paul Gasowski and Chuck Cox in attendance and agree upon a plan in which to address these items.

Financial Details: Costs are unknown at this time

Legal Authority NH RSA 41:8

Legal Opinion: Enter a summary; attach copy of the actual opinion

REQUESTED ACTION OR RECOMMENDATIONS:

Motion:

Meeting Notes from a Site Walk of Little River Park Prepared by David Cedarholm

4 PM – Wednesday, April 9, 2014

Attendees: David Cedarholm, Scott Bugbee, Randy Steven, Larry Kindberg, Katrinka Pellecchia, Paul Gasowski, Annie Gasowski, Chuck Cox

The group met at the Little River Park (LRP) parking lot and set off on foot to review and discuss a list of items in need of attention that Highway Supervisor Randy Stevens had compiled. The following was discussed:

Randy Stevens pointed out that we need to locate all underground electrical conduits and have their locations shown on an As-Built Plan. It was pointed out that there is some money remaining from the 2013 $80,000 Warrant Article to construct the multi-purpose grass playing field and it would be prudent to put some of those funds to developing an As-Built Plan. It was suggested that we contact Farwell Engineering for a proposal to develop an As-Built Plan, which will also be needed in support of the final submission to NHDES for the Alteration of Terrain (AoT) Permit. Although it was discussed later as well, a proposal from Farwell should also include tasks to engineer the final design for the storm water management system including the detention basin and stabilized swales leading to it and at the outlet.

There is a need to perform miscellaneous final grading around the Multi-Purpose Field (MPF). Randy and his crew would tend to the final grading and tend to areas that need additional loam and seed. This will need to be done very soon if grass is to be established on these areas before the field is put into use.

To address the need to protect the MPF from damage by wheeled vehicles, Randy Stevens suggested placing large rocks around the perimeter. As an alternative to the placement of large rocks Larry Kindberg indicated that the Recreation Commission has discussed having a split Rail Fence installed around the perimeter of the MPF. David Cedarholm spoke in favor of this idea. There was a discussion about paying for a split rail fence from the remaining MPF Warrant Article funds.

What to do with the existing stockpiles of crushed stone and miscellaneous soil stored in the northwest corner of the LRP was discussed. Randy Stevens indicated that he has uses for some of the material; however, there most certainly is a surplus of crushed rock. It was discussed that some of the crushed rock could be used around the perimeter of the MPF and for reinforcing the access road. It was also suggested that the miscellaneous soil piles could be consolidated and used for fill in various areas such as the toe of slopes or to fill areas near the access road to address a few puddle issues between the MPF and baseball field. A few questions were raised in regard to stabilizing and completing the northwest stockpile area and how it should be used:

1. What should be the final configuration of the northwest corner of LRP and what are the proposed activities for this area since it is no longer being considered for a baseball field (i.e. parking, amphitheater, more grass park area, dirt bike track, shooting range, etc.)?

2. Do the stockpiles need to be removed and the area loamed and seeded, and/or turned into a stabilized parking lot to satisfy the AoT permit? And would a stabilization plan need to be permanent or could it be stabilized temporarily and completed at a later time?
3. Where should the access road ultimately be located/aligned in the unfinished NW quadrant of LRP (i.e. should the access run along E-W and parallel to the edge of MPF or turn N along the fence of the baseball field?)

The group walked to the location of the existing detention basin, which lacks a proper outlet structure to enable the basin to retain any storm water. It was discussed that the detention basin will need to accommodate storm water runoff from both the MPF and the unfinished NW quadrant, and since the use of NW quadrant is not yet defined it raised questions about how this runoff gets incorporated into the proposed/final drainage system. To be conservative, the drainage system could be designed for all or mostly parking; therefore, if it is decided later to install grass it would not negatively impact the drainage It was suggested that the above questions be further discussed as part of the upcoming workshop between the Select Board and the Recreation Commission.

It was noted that the final drainage system will need to be constructed prior to the AoT permit expiring.

The following items relative to the Playground Area were discussed:

1. Playground safety signs need to be purchased and installed. Town's Joint Loss Safety Committee should be made aware of this issue.
2. A top dressing of loam is needed in areas between the access road and the playground. This area is very lumpy with a poor stand of grass tufts which makes it difficult to mow.
3. A safety checklist needs to be drafted (by a paid employee....) and routine inspections of the playground and all other town owned recreation facilities. NOTE - THIS WAS A RECOMMENDATION OF THE TOWN INSURANCE CARRIER.
4. Develop a plan to redirect the storm water around the Climb net. CHILDREN SHOULD NOT BE ENCOURAGED TO PLAY IN AND AROUND DRAINAGE DITCH WHICH CONVEYS POTENTIALLY POLUTED STORM WATER RUNOFF.
5. Address the erosion issues at the SE entrance to the Ball field (near the playground).
6. Slide installation? How many slides does the Town possess and what is required to install them. According to Larry K. there are nine slides, however no base sections.

TOWN OF LEE HIGHWAY DEPARTMENT
7 Mast Road
Lee New Hampshire 03861

Randy Stevens - Supervisor

Telephone 603-659-3027/6515

MEMORANDUM

TO: Board of Selectmen
FROM: Randy Stevens, Highway Supervisor
DATE: March 20, 2014
RE: **Unfinished Business at Little River Park**

Below is a list of some of the unfinished business at LRP that I thought the Board should be aware of. The two items that I think are priority are the Playground Safety /Warning signs and the erosion issues.

1. Should have an as built plan showing existing electrical conduit locations.
2. Should have an as built plan showing the all-purpose field as constructed. (Per the BOS the existing grade is a combination of the original plan and the plan done by Farwell Engineering.)
3. Need to do same finish grading around both ends of the All Purpose Field and place rocks or a fence on the 155 end of the field to discourage wheeled vehicles from driving on the field.
4. Need to reconstruct the detention pond (puddle) and add a concrete structure per Farwell Engineering's Plan.
5. Need to find a new home for the existing stone piles. Some could be stockpiled at the Highway Garage for future use.
6. Need to clean up the remaining stockpiles of material on site. S+J showed some interest in some of the misc. piles of material at the park for use at Noble Farm, unless there is some intention of using the misc. piles to stabilize the slopes (especially where the potential Library/Community Center would be located).
7. Stabilize the remaining area between the Ball Field and the All Purpose Field. This area could be made into parking by leveling and installing a layer of the stone stockpiled on site. It also could be made into a grassed park like area with grass, trees, and overflow parking. Something needs to be done as soon as possible to vegetate it at least temporarily to prevent the ongoing erosion problem. **Note** - in the original plan this space was a playing field. Any parking or non grass use might require having an engineer re-look at the drainage.

Playground Area-

1. Order playground safety signs and install. Make the Joint Loss Safety Committee aware of this issue.
2. Add some loam (top dress) to existing grass area and reseed. This area is so rough it is very hard to mow efficiently.
3. Assign someone (hopefully a paid employee) to draft a safety checklist and implement routine inspections of the playground and all other town owned recreational facilities (recommended by the Town's insurance carrier).

4. Redirect drainage around the Climbnet and fix erosion issues that start at the right side of the Ball Field and continue along the far side of the basketball court to beyond the Climbnet.
5. Slide installation?

I would be more than happy to explain these items in more detail or answer any questions.

TOWN of LEE
7 MAST RD, LEE, NH 03861
(603) 659-5414

Office Use Only

Meeting Date: 4/28/2014

Agenda Item No. 6

BOARD OF SELECTMEN
MEETING AGENDA REQUEST
4/28/2014

Agenda Item Title: Highway Update, Road Work Plan, Paving of Town Hall Parking Lot

Requested By: **Randy Stevens** **Date: 4/23/2014**

Contact Information: rstevens@leenh.org 659-6515

Presented By: **Randy Stevens, Highway Supervisor**

Description: **Update Highway Department activities, Draft summer road work plan, and discussion on whether or not to pave the Town Hall Parking Lot**

Financial Details: Enter Estimated Cost, if any, funding source, etc.

Legal Authority **NH RSA 41:8; RSA 231:59**

Legal Opinion: Enter a summary; attach copy of the actual opinion

REQUESTED ACTION OR RECOMMENDATIONS:

Motion: Move to approve authorizing the Highway Department to include paving the Town Hall in this year's summer paving program

or table the matter for further information.

Draft 2014 Summer Road Work Plan - Lee Highway

Crack Sealing	**Miles**
Tuttle Rd	1.81
Campground Rd	0.7
Toon Ln	0.59
Wheelwright Drive	0.46
Angell Rd	0.25
Decato Drive	0.27
Allen's Ave	0.27
Sub Total	**4.35**
Optional depending on funds	
York Ln	0.44
Little Hook & Wiswall	0.8
Mitchell Rd	0.05
	1.29

Shimming
Wednesday Hill Rd
Fox Garrison?
Lee Hill Rd
Cartland

Line Striping
Wednesday Hill
Packers Falls
Garrity (partial)
Snell
Newtown PL.
Cartland (partial)
Tuttle
Campground Rd
High (partial)

Culverts	**Size**	**Permit**
Cartland	12"	N/A
Radford DR	15"	OK'd
Thompson Mill	30"	pending
Wednesday Hill	48"	pending
Lamprey Dr.	several	N/A

Ditching
Wednesday Hill
Little Hook
Wiswall
York Ln
Others

Paving	**Miles**	**Width**	**Sq-yd**	**Tons**	**Price**	**Last done**		**years**
DURGIN DRIVE	0.17	20	1,995	114	**8,527**	2001	2014	13
WEDNESDAY HILL RD	2.23	23	30,090	1,715	**128,635**	2004	2014	10
RADFORD DR.	0.11	22	1,420	81	**6,069**	2004	2014	10
TAMARACK RD	0.61	22	7,873	449	**33,657**	2000	2014	14
					176,889			
Town Hall			1,400	78.4	**5,880**			20+

Normal Duties Roadside Mowing, gravel road maint.,patching, brush & tree work, guardrail work, cleaning culverts, signs

TOWN of LEE
7 MAST RD, LEE, NH 03861
(603) 659-5414

Office Use Only

Meeting Date: 4/28/2014

Agenda Item No. 7

BOARD OF SELECTMEN
MEETING AGENDA REQUEST
4/28/2014

Agenda Item Title: ORYA request to use Stevens Field

Requested By: **Mike Gamache, ORYA** **Date: 4/25/2014**

Contact Information: mike@orya.org 868-5150

Presented By: **Julie Glover, Town Administrator**

Description: **The Highway Supervisor has recommended that Stevens Field be taken off-line this season in an effort to restore it. ORYA would now like to use the field Wed. & Sundays, 5-7 p.m. April 30 – June 4 for Coed U-7 Lacrosse (5&6 yr. olds)**

Financial Details: n/a

Legal Authority **RSA 41:11-a, RSA 35-B**

Legal Opinion: Enter a summary; attach copy of the actual opinion

REQUESTED ACTION OR RECOMMENDATIONS:

Motion: To approve the use of Stevens Field for ORYA sponsored U-7 Lacrosse

OR deny the request

SELECTMEN'S MEETING

April 28, 2014

CONSENT AGENDA ITEMS

(Individual items may be removed by any Selectman for separate discussion and vote)

SIGNATURES REQUIRED

- Intent to Excavate (5)
- Elderly Exemption (2)
- Educational Exemption
- Religious Exemption
- Charitable Exemption
- UNH Communications Center Agreement
- Conservation Commission Appointment Form
- Highway Safety Grant Application

INFORMATION ONLY

- Emails in Support of New Library
- FEMA Flood Insurance Map and Updated Study
- 2nd Annual Raid Rockingham Bike Ride
- Final Tax Bill Notification
- Transfer of Funds for employee termination payouts
- Invitation to the Consultation Coordination Officer's Meeting

Memo

TO: Select Board
Town of Lee

FROM: Scott P. Marsh, CNHA
Municipal Resources Inc.
Contracted Assessors' Agents

DATE: April 14, 2014

RE: Notice of Intent To Excavate
Tax Map 3 Lot 8

The attached form was received. Applicant has provided bond payment required and as the form appears to be complete, it is recommended that it be approved.

If there are any questions or additional information desired, please let me know.

FORM **PA-38**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO EXCAVATE

RSA 72-B

GENERAL INSTRUCTIONS FOR FILING THIS FORM ON REVERSE

(Assigned by Municipality)

YR	TOWN	OP#	
14	255	07	E

Print Form (Use Mouse to Click)

For Tax Year April 1, 14 to March 31, 15

PLEASE TYPE or PRINT *(If filling in form on-line; use TAB key to move through fields)*

1. Town/City of: LEE
2. Tax Map/Block/Lot #: 3 / 8 / 0
3. Name of Access Road: 125
4. Total Acreage of Lot: 14.5
5. Date of Permit per RSA 155-E:2: ______ *(Municipal Excavation Permit)*
   or
6. Date of Report, *if required*, per RSA 155-E:2, I (d): ______
7. Permit Number per RSA 485-A:17, *if any*: ______ *(Alteration of Terrain Permit)*
8. Incidental Construction/155-E Exception: *Check if YES* ☐
9. Total Permitted Area (acres): 14.5
10. Excavation Area (acres) as of April 1: 14.5
11. Reclaimed Area (acres) as of April 1: 10
12. Remaining Cubic Yards of Earth to Excavate: 6,880
13. Type of Ownership:
    - ☑ Owner of land
    - ○ Previous owner retaining deeded earth excavation rights
    - ○ Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways
14. DESCRIPTION OF EARTH TO BE EXCAVATED **DURING TAX YEAR**

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	6,800
SAND	
LOAM	
STONE PRODUCTS	
OTHER ( )	
TOTAL	6,800

15. **CHECK THE BOX THAT DESCRIBES THIS INTENT**
    - ☑ ORIGINAL WITH $100 FEE (check payable to State of New Hampshire)
    - ○ ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
    - ○ SUPPLEMENTAL WITH $100 FEE (exceeding original estimate of 1,000 cubic yards or less)
    - ○ SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)
16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

[signature] 3/31/14

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

WALTER CHENEY

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

56 EXETER RD

MAILING ADDRESS

CITY OR TOWN	STATE	ZIPCODE
NEWMARKET	NH	03857

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes)	CELL PHONE (Enter number without dashes)
	(603) 817-7123

DATE INTENT SENT TO TOWN: 3/31/2014

E-MAIL REPORT & CERTIFICATE? YES ☑ NO ○

If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY ASSESSING OFFICIALS

Amount of Security Required $ ______

Security Posted (Bond, Certified Check, etc.) $ ______

SIGNATURES & DATE OF ASSESSING OFFICIALS

The Selectmen/Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:

1. All owners of record have signed the Intent;
2. If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land;
3. The form is complete; and
4. Any bond required under RSA 72-B:5 has been received.

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

FOR DRA USE ONLY

SIGNED ORIGINAL COPY - RETAINED BY CITY/TOWN
SIGNED COPY TO - OWNER, RETURNED BY ASSESSING OFFICIALS
SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION

Memo

TO: Select Board
Town of Lee

FROM: Scott P. Marsh, CNHA
Municipal Resources Inc.
Contracted Assessors' Agents

DATE: April 14, 2014

RE: Notice of Intent To Excavate
Tax Map 3 Lot 7

The attached form was received. Applicant has provided bond payment required and as the form appears to be complete, it is recommended that it be approved.

If there are any questions or additional information desired, please let me know.

FORM **PA-38**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO EXCAVATE

RSA 72-B

GENERAL INSTRUCTIONS FOR FILING THIS FORM ON REVERSE

(Assigned by Municipality)

YR	TOWN	OP#	
14	255	06	E

Print Form (Use Mouse to Click)

For Tax Year April 1, 14 to March 31, 15

PLEASE TYPE or PRINT *(If filling in form on-line; use TAB key to move through fields)*

1. Town/City of: LEE
2. Tax Map/Block/Lot #: 3 / 7 / 1
3. Name of Access Road: 125
4. Total Acreage of Lot: 10
5. Date of Permit per RSA 155-E:2: ______ *(Municipal Excavation Permit)*

   or
6. Date of Report, *if required*, per RSA 155-E:2, I (d): ______
7. Permit Number per RSA 485-A:17, *if any*: ______ *(Alteration of Terrain Permit)*
8. Incidental Construction/155-E Exception: *Check if YES* ☐
9. Total Permitted Area (acres): 10
10. Excavation Area (acres) as of April 1: 8.5
11. Reclaimed Area (acres) as of April 1: 8.5
12. Remaining Cubic Yards of Earth to Excavate: 1,200
13. Type of Ownership:
    - ☑ Owner of land
    - ○ Previous owner retaining deeded earth excavation rights
    - ○ Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways
14. DESCRIPTION OF EARTH TO BE EXCAVATED **DURING TAX YEAR**

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	
SAND	1,200
LOAM	
STONE PRODUCTS	
OTHER ( )	
TOTAL	1,200

15. **CHECK THE BOX THAT DESCRIBES THIS INTENT**
    - ☑ ORIGINAL WITH $100 FEE (check payable to State of New Hampshire)
    - ○ ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
    - ○ SUPPLEMENTAL WITH $100 FEE (exceeding original estimate of 1,000 cubic yards or less)
    - ○ SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)
16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

Walter [signature] 3/31/14

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

WALTER CHENEY

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

MAILING ADDRESS

56 EXETER RD Newmarket, | NH | 03857

CITY OR TOWN | STATE | ZIPCODE

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes) | CELL PHONE (Enter number without dashes): (603) 817-7123

DATE INTENT SENT TO TOWN: 3/31/2014

E-MAIL REPORT & CERTIFICATE? YES ☑ NO ○

If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY ASSESSING OFFICIALS

Amount of Security Required $ ______

Security Posted (Bond, Certified Check, etc.) $ ______

SIGNATURES & DATE OF ASSESSING OFFICIALS

The Selectmen/Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:

1. All owners of record have signed the Intent;
2. If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land;
3. The form is complete; and
4. Any bond required under RSA 72-B:5 has been received.

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

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FOR DRA USE ONLY

SIGNED ORIGINAL COPY - RETAINED BY CITY/TOWN

SIGNED COPY TO - OWNER, RETURNED BY ASSESSING OFFICIALS

SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION

Memo

TO: Select Board
Town of Lee

FROM: Scott P. Marsh, CNHA
Municipal Resources Inc.
Contracted Assessors' Agents

DATE: April 14, 2014

RE: Notice of Intent To Excavate
Tax Map 3 Lot 1

The attached form was received. Applicant has provided bond payment required and as the form appears to be complete, it is recommended that it be approved.

If there are any questions or additional information desired, please let me know.

FORM **PA-38**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO EXCAVATE

RSA 72-B

GENERAL INSTRUCTIONS FOR FILING THIS FORM ON REVERSE

(Assigned by Municipality)

YR - TOWN - OP#

14 - 255 - 04 - E

Print Form (Use Mouse to Click)

For Tax Year April 1, 14 to March 31, 15

PLEASE TYPE or PRINT *(If filling in form on-line; use TAB key to move through fields)*

1. Town/City of: LEE
2. Tax Map/Block/Lot #: 3 / 1/ 0
3. Name of Access Road: 125
4. Total Acreage of Lot: 30.5
5. Date of Permit per RSA 155-E:2: ______ *(Municipal Excavation Permit)*
   or
6. Date of Report, *if required,* per RSA 155-E:2, I (d): ______
7. Permit Number per RSA 485-A:17, *if any*: ______ *(Alteration of Terrain Permit)*
8. Incidental Construction/155-E Exception: *Check if YES* ☐
9. Total Permitted Area (acres): 30.5
10. Excavation Area (acres) as of April 1: 30.5
11. Reclaimed Area (acres) as of April 1: 26
12. Remaining Cubic Yards of Earth to Excavate: 17,420
13. Type of Ownership:
   - ☑ Owner of land
   - ○ Previous owner retaining deeded earth excavation rights
   - ○ Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways
14. DESCRIPTION OF EARTH TO BE EXCAVATED **DURING TAX YEAR**

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	17,420
SAND	
LOAM	
STONE PRODUCTS	
OTHER ( )	
TOTAL	17,420

15. **CHECK THE BOX THAT DESCRIBES THIS INTENT**
   - ☑ ORIGINAL WITH $100 FEE (check payable to State of New Hampshire)
   - ○ ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
   - ○ SUPPLEMENTAL WITH $100 FEE (exceeding original estimate of 1,000 cubic yards or less)
   - ○ SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)

16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

[signature] 3/31/14

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

WALTER CHENEY

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

56 EXETER RD

MAILING ADDRESS

CITY OR TOWN	STATE	ZIPCODE
NEWMARKET	NH	03857

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes)	CELL PHONE (Enter number without dashes)
	(603) 817-7123

DATE INTENT SENT TO TOWN: 3/31/2014

E-MAIL REPORT & CERTIFICATE? YES ☑ NO ○

If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY ASSESSING OFFICIALS

Amount of Security Required $ ______

Security Posted (Bond, Certified Check, etc.) $ ______

SIGNATURES & DATE OF ASSESSING OFFICIALS

The Selectmen/Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:

1. All owners of record have signed the Intent;
2. If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land;
3. The form is complete; and
4. Any bond required under RSA 72-B:5 has been received.

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

SIGNATURE (IN INK) — DATE

FOR DRA USE ONLY

SIGNED ORIGINAL COPY - RETAINED BY CITY/TOWN
SIGNED COPY TO - OWNER, RETURNED BY ASSESSING OFFICIALS
SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION

Memo

TO: Select Board
Town of Lee

FROM: Scott P. Marsh, CNHA
Municipal Resources Inc.
Contracted Assessors' Agents

DATE: April 14, 2014

RE: Notice of Intent To Excavate
Tax Map 3 Lot 2

The attached form was received. Applicant has provided bond payment required and as the form appears to be complete, it is recommended that it be approved.

If there are any questions or additional information desired, please let me know.

FORM
PA-38

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO EXCAVATE

RSA 72-B

GENERAL INSTRUCTIONS FOR FILING THIS FORM ON REVERSE

(Assigned by Municipality)

YR	TOWN	OP#	
14	255	08	E

Print Form (Use Mouse to Click)

For Tax Year April 1, 14 to March 31, 15

PLEASE TYPE or PRINT *(If filling in form on-line; use TAB key to move through fields)*

1. Town/City of: LEE
2. Tax Map/Block/Lot #: 3 / 2 / 0
3. Name of Access Road: 125
4. Total Acreage of Lot: 46.7
5. Date of Permit per RSA 155-E:2: ______ *(Municipal Excavation Permit)*
   or
6. Date of Report, *if required,* per RSA 155-E:2, I (d): ______
7. Permit Number per RSA 485-A:17, *if any.* ______ *(Alteration of Terrain Permit)*
8. Incidental Construction/155-E Exception: *Check if YES* ☐
9. Total Permitted Area (acres): 46.7
10. Excavation Area (acres) as of April 1: 46.7
11. Reclaimed Area (acres) as of April 1: 40
12. Remaining Cubic Yards of Earth to Excavate: 6,900
13. Type of Ownership:
    - ☑ Owner of land
    - ◯ Previous owner retaining deeded earth excavation rights
    - ◯ Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways
14. DESCRIPTION OF EARTH TO BE EXCAVATED **DURING TAX YEAR**

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	6,900
SAND	
LOAM	
STONE PRODUCTS	
OTHER ( )	
TOTAL	6,900

15. **CHECK THE BOX THAT DESCRIBES THIS INTENT**
    - ☑ ORIGINAL WITH $100 FEE (check payable to State of New Hampshire)
    - ◯ ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
    - ◯ SUPPLEMENTAL WITH $100 FEE (exceeding original estimate of 1,000 cubic yards or less)
    - ◯ SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)
16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

[signature] 3/31/14
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

WALTER CHENEY
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

56 EXETER RD
MAILING ADDRESS

CITY OR TOWN	STATE	ZIPCODE
NEWMARKET	NH	03857

E-MAIL ADDRESS:

HOME PHONE (Enter number without dashes):
CELL PHONE (Enter number without dashes): (603) 817-7123

DATE INTENT SENT TO TOWN: 3/31/2014

E-MAIL REPORT & CERTIFICATE? YES ☑ NO ◯
If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY ASSESSING OFFICIALS

Amount of Security Required $ ______

Security Posted (Bond, Certified Check, etc.) $ ______

SIGNATURES & DATE OF ASSESSING OFFICIALS

The Selectmen/Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:

1. All owners of record have signed the Intent;
2. If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land;
3. The form is complete; and
4. Any bond required under RSA 72-B:5 has been received.

SIGNATURE (IN INK) DATE

SIGNATURE (IN INK) DATE

SIGNATURE (IN INK) DATE

SIGNATURE (IN INK) DATE

SIGNATURE (IN INK) DATE

FOR DRA USE ONLY

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SIGNED COPY TO - OWNER, RETURNED BY ASSESSING OFFICIALS
SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION

Memo

TO: Select Board
Town of Lee

FROM: Scott P. Marsh, CNHA
Municipal Resources Inc.
Contracted Assessors' Agents

DATE: April 14, 2014

RE: Notice of Intent To Excavate
Tax Map 3 Lot 4

The attached form was received. Applicant has provided bond payment required and as the form appears to be complete, it is recommended that it be approved.

If there are any questions or additional information desired, please let me know.

FORM **PA-38**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO EXCAVATE

RSA 72-B

GENERAL INSTRUCTIONS FOR FILING THIS FORM ON REVERSE

(Assigned by Municipality)

YR		TOWN		OP#	
14	-	255	-	05	- E

Print Form (Use Mouse to Click)

For Tax Year April 1, 14 to March 31, 15

PLEASE TYPE or PRINT *(If filling in form on-line; use TAB key to move through fields)*

1. Town/City of: LEE
2. Tax Map/Block/Lot #: 3 / 4 / 0
3. Name of Access Road: 125
4. Total Acreage of Lot: 6.4
5. Date of Permit per RSA 155-E:2: ______ *(Municipal Excavation Permit)*
   or
6. Date of Report, *if required*, per RSA 155-E:2, I (d): ______
7. Permit Number per RSA 485-A:17, *if any*: ______ *(Alteration of Terrain Permit)*
8. Incidental Construction/155-E Exception: *Check if YES* ☐
9. Total Permitted Area (acres): 6.4
10. Excavation Area (acres) as of April 1: 1
11. Reclaimed Area (acres) as of April 1: 5.4
12. Remaining Cubic Yards of Earth to Excavate: 800
13. Type of Ownership:
    - ☑ Owner of land
    - ☐ Previous owner retaining deeded earth excavation rights
    - ☐ Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways
14. DESCRIPTION OF EARTH TO BE EXCAVATED **DURING TAX YEAR**

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	
SAND	8,000
LOAM	
STONE PRODUCTS	
OTHER ( )	
TOTAL	8,000

15. **CHECK THE BOX THAT DESCRIBES THIS INTENT**
    - ☑ ORIGINAL WITH $100 FEE (check payable to State of New Hampshire)
    - ☐ ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
    - ☐ SUPPLEMENTAL WITH $100 FEE (exceeding original estimate of 1,000 cubic yards or less)
    - ☐ SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)
16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

[signature] 3/31/14

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

WALTER CHENEY

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) — DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

56 EXETER RD

MAILING ADDRESS

CITY OR TOWN	STATE	ZIPCODE
NEWMARKET	NH	03857

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes)	CELL PHONE (Enter number without dashes)
	(603) 817-7123

DATE INTENT SENT TO TOWN: 3/31/2014

E-MAIL REPORT & CERTIFICATE? YES ☑ NO ☐

If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY ASSESSING OFFICIALS

Amount of Security Required $ ______

Security Posted (Bond, Certified Check, etc.) $ ______

SIGNATURES & DATE OF ASSESSING OFFICIALS

The Selectmen/Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:

1. All owners of record have signed the Intent;
2. If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land;
3. The form is complete; and
4. Any bond required under RSA 72-B:5 has been received.

SIGNATURE (IN INK) — DATE

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FOR DRA USE ONLY

SIGNED ORIGINAL COPY - RETAINED BY CITY/TOWN

SIGNED COPY TO - OWNER, RETURNED BY ASSESSING OFFICIALS

SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION

TAX CREDIT/EXEMPTION APPLICATION RECOMMENDATION

To: Select Board
Town of Lee

Date: April 21, 2014

From: Scott Marsh, CNHA
Municipal Resources Inc
Contract Assessors' Agents

RE: Elderly Exemption Application
Tax Map 33 Lot 3-100

The above application was timely filed and supporting information has been provided and reviewed. Based on the review it appears that Lucille Sansoucie does qualify for the 65-74 years of age elderly exemption and it is recommended that the application be approved.

If there are any questions, please let me know.

FORM
PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

DUE DATE APRIL 15th PRECEDING THE SETTING OF THE TAX RATE
CALL YOUR CITY/TOWN FOR INCOME AND ASSET LIMITS

There is a separate page of instructions (pages 3 & 4) that accompany this form. If you do not receive the instructions, please visit our web site at www.revenue.nh.gov or contact your city/town. Note "CU Partner" stands for "Civil Union Partner"

STEP 1 NAME AND ADDRESS

PROPERTY OWNER'S LAST NAME: Sansoucie — FIRST NAME: Lucille — INITIAL: A.M

PROPERTY OWNER'S LAST NAME — FIRST NAME — INITIAL

MAILING ADDRESS: 242 Lee Hook Road

CITY/TOWN: Lee — STATE: NH — ZIP CODE: 03861

CITY/TOWN TAX MAP #: 000033 — Sub 000100 — 2.3 Acr. — BLOCK #: Pg-Line 0231-02 — LOT #: 000003

ADDRESS OF PROPERTY: 242 Lee Hook Rd - Lee, NH 03861

STEP 2 VETERANS' TAX CREDITS/EXEMPTION

1 Veteran's Name

2 Date of Entry into Military Service

3 Date of Discharge/Release from Military Service

4 ☐ Veteran ☐ Veterans' Tax Credit

☐ Spouse/CU Partner ☐ Credit for Service Connected Total and Permanent Disability

☐ Surviving Spouse/CU Partner ☐ Credit for Surviving Spouse/CU Partner of Veteran Who Was Killed or Died on Active Duty

Veteran of Allied Country

5 Name of Allied Country Served in ________ 6 Branch of Service ________

7 ☐ US Citizen at time of entry into the Service 8 ☐ Alien but Resident of NH at time of entry into the Service

9 Does any other eligible Veteran own interest in this property? ☐ No ☐ Yes If **YES**, give name ________

10 ☐ Total Veteran Exemption ☐ (a) Veteran ☐ (b) Surviving Spouse/CU Partner of that Veteran

STEP 3 OTHER EXEMPTIONS

11 ☒ Elderly Exemption Applicant's Date of Birth 12·5·48 Spouse/CU Partner's Date of Birth —
Must be 65 years of age on or before April 1st of year for which exemption is claimed.

12 ☒ Disabled Exemption ☐ Solar Energy Systems Exemption

☐ Blind Exemption ☐ Woodheating Energy Systems Exemption

☐ Deaf Exemption ☐ Wind-Powered Energy Systems Exemption

STEP 4 IMPROVEMENTS

13 ☐ Improvements to Assist Persons with Disabilities ☐ Improvements to Assist the Deaf

STEP 5 RESIDENCY

14 ☒ This is my primary residence

☐ NH Resident for one year preceding April 1st in the year in which the tax credit is claimed (Veterans' Credit)

☐ NH Resident for **Five Consecutive Years** preceding April 1st in the year the exemption is claimed (**Disabled & Deaf Exemptions**)

☐ NH Resident for **Three Consecutive Years** preceding April 1st in the year the exemption is claimed (**Elderly Exemption**)

STEP 6 OWNERSHIP

15 Do you own 100% interest in this residence? ☒ Yes ☐ No If **NO**, what percent (%) do you own? ________

STEP 7 SIGNATURES

Under penalties of perjury, I hereby declare that the above statements are true.

Lucille A.M. Sansoucie — 4.15.14
SIGNATURE (IN INK) OF PROPERTY OWNER — DATE

SIGNATURE (IN INK) OF PROPERTY OWNER — DATE

WHEN TO FILE

Deadline: Form PA-29 must be filed by April 15th *preceding* the setting of the tax rate. The assessing officials shall send written notice to the taxpayer of their decision by July 1st *prior* to the date of notice of tax. Failure of the assessing officials to respond shall constitute a denial of the application. Example: If you are applying for an exemption and/or credit off your 2008 property taxes, which are due no earlier then December 1, 2008, then you have until April 15th, 2008 to file this form. The assessing officials have until July 1st. to send notice of their decision. Failure of the assessing officials to respond shall constitute a denial of the application.

A late response or a failure to respond by assessing officials does not extend the appeal period.

Date of filing is when the completed application form is either hand delivered to the city/town, postmarked by the post office, or receipted by an overnight delivery service.

APPEAL PROCEDURE

If an application for a property tax exemption or tax credit is denied by the town/city, an applicant may appeal in writing on or before **September 1st** *following* the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2008 property taxes you have until September 1, 2009, to appeal.
Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT 33-3-/00

RECEIVED
APR 15 2014
TOWN OF LEE, NH
SELECTMAN'S OFFICE

FORM
PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

TO BE COMPLETED BY CITY/TOWN ASSESSING OFFICIALS

MUNICIPAL AUTHORIZATION

VETERANS' TAX CREDIT

CITY/TOWN TAX MAP # ____ BLOCK # ____ LOT # ____ Granted Denied Date

- [ ] Veterans' Tax Credit ($50 minimum to $500) Amount $ ____
- [ ] Service Connected Total & Permanent Disability ($700 minimum to $2000) Amount $ ____
- [ ] Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty ($700 minimum to $2000) Amount $ ____
- [ ] Review Discharge Papers (Form DD214), Form # ____
- [ ] Other Information ____

VETERANS' EXEMPTION

Granted Denied Date

- [ ] Total Exemption
- [ ] (a) Veteran
- [ ] (b) Surviving Spouse/CU Partner

APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS

Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single	$	$	65 - 74 years of age	$
Married	$	$	75 - 79 years of age	$
Asset Limits			80 + years of age	$
Single	$	$		
Married	$	$		

OTHER EXEMPTIONS

Granted Denied Date

- [ ] Elderly Exemption Amount $ ____
- [ ] Disabled Exemption Amount $ ____
- [ ] Improvements to Assist the Deaf Amount $ ____
- [ ] Improvements to Assist Persons with Disabilities Amount $ ____
- [ ] Blind Exemption Amount $ ____
- [ ] Deaf Exemption Amount $ ____
- [ ] Solar Energy Systems Exemption Amount $ ____
- [ ] Woodheating Energy Systems Exemption Amount $ ____
- [ ] Wind-Powered Energy Systems Exemption Amount $ ____

A photocopy of this Form (Pages 1 & 2) or a Form PA-35 must be returned to the property owner after approval or denial before July 1st.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II:

- [ ] List of assets, value of each asset, net encumbrance and net value of each asset.
- [ ] * Statement of applicant and spouse's/CU partner's income.
- [ ] * Federal Income Tax Form.
- [ ] * State Interest and Dividends Tax Form.
- [ ] * Property Tax Inventory Form filed in any other town.

* **Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.**

Municipal Notes

Selectmen/Assessor(s) Printed Name	Signatures(s) of Approval (in ink)	Date

TAX CREDIT/EXEMPTION
APPLICATION RECOMMENDATION

To: Select Board
Town of Lee

Date: April 14, 2014

From: Scott Marsh, CNHA
Municipal Resources Inc
Contract Assessors' Agents

RE: Elderly Exemption Application
Tax Map 10 Lot 5-46

The above application was timely filed and supporting information has been provided and reviewed. Based on the review it appears that Cheryl Goetz Ahern does qualify for the 65-74 years of age elderly exemption and it is recommended that the application be approved.

If there are any questions, please let me know.

FORM
PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

DUE DATE APRIL 15th PRECEDING THE SETTING OF THE TAX RATE
CALL YOUR CITY/TOWN FOR INCOME AND ASSET LIMITS

There is a separate page of instructions (pages 3 & 4) that accompany this form. If you do not receive the instructions, please visit our web site at www.revenue.nh.gov or contact your city/town. Note: "CU Partner" stands for "Civil Union Partner".

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME: GOETZ · FIRST NAME: CHERYL · INITIAL: L PROPERTY OWNER'S LAST NAME · FIRST NAME · INITIAL MAILING ADDRESS: 6 CEDAR LANE, LEE · NH · 03861 CITY/TOWN: LEE · STATE: NH · ZIP CODE: 03861 CITY/TOWN TAX MAP #: 000010 · BLOCK # · LOT #: 000005 ADDRESS OF PROPERTY: 6 CEDAR LANE · SUB#000046
STEP 2 VETERANS' TAX CREDITS/EXEMPTION	1 Veteran's Name 2 Date of Entry into Military Service · 3 Date of Discharge/Release from Military Service 4 ☐ Veteran · ☐ Veterans' Tax Credit ☐ Spouse/CU Partner · ☐ Credit for Service Connected Total and Permanent Disability ☐ Surviving Spouse/CU Partner · ☐ Credit for Surviving Spouse/CU Partner of Veteran Who Was Killed or Died on Active Duty Veteran of Allied Country 5 Name of Allied Country Served in ______ 6 Branch of Service ______ 7 ☐ US Citizen at time of entry into the Service · 8 ☐ Alien but Resident of NH at time of entry into the Service 9 Does any other eligible Veteran own interest in this property? ☐ No ☐ Yes If **YES**, give name ______ 10 ☐ Total Veteran Exemption · ☐ (a) Veteran · ☐ (b) Surviving Spouse/CU Partner of that Veteran
STEP 3 OTHER EXEMPTIONS	11 ☒ Elderly Exemption Applicant's Date of Birth 2/23/1948 Spouse/CU Partner's Date of Birth ______ Must be 65 years of age on or before April 1st of year for which exemption is claimed. 12 ☐ Disabled Exemption · ☐ Solar Energy Systems Exemption ☐ Blind Exemption · ☐ Woodheating Energy Systems Exemption ☐ Deaf Exemption · ☐ Wind-Powered Energy Systems Exemption
STEP 4 IMPROVEMENTS	13 ☐ Improvements to Assist Persons with Disabilities · ☐ Improvements to Assist the Deaf
STEP 5 RESIDENCY	14 ☒ This is my primary residence ☐ NH Resident for one year preceding April 1st in the year in which the tax credit is claimed (Veterans' Credit) ☐ NH Resident for **Five Consecutive Years** preceding April 1st in the year the exemption is claimed (**Disabled & Deaf Exemptions**) ☐ NH Resident for **Three Consecutive Years** preceding April 1st in the year the exemption is claimed (**Elderly Exemption**)
STEP 6 OWNERSHIP	15 Do you own 100% interest in this residence? ☒ Yes ☐ No If **NO**, what percent (%) do you own? ______
STEP 7 SIGNATURES	Under penalties of perjury, I hereby declare that the above statements are true. Cheryl Goetz · 4/9/2014 SIGNATURE (IN INK) OF PROPERTY OWNER · DATE SIGNATURE (IN INK) OF PROPERTY OWNER · DATE
WHEN TO FILE	**Deadline:** Form PA-29 must be filed by April 15th *preceding* the setting of the tax rate. The assessing officials shall send written notice to the taxpayer of their decision by July 1st *prior* to the date of notice of tax. Failure of the assessing officials to respond shall constitute a denial of the application. Example: If you are applying for an exemption and/or credit off your 2008 property taxes, which are due no earlier then December 1, 2008, then you have until April 15th, 2008 to file this form. The assessing officials have until July 1st, to send notice of their decision. Failure of the assessing officials to respond shall constitute a denial of the application. **A late response or a failure to respond by assessing officials does not extend the appeal period.** Date of filing is when the completed application form is either hand delivered to the city/town, postmarked by the post office, or receipted by an overnight delivery service.
APPEAL PROCEDURE	If an application for a property tax exemption or tax credit is denied by the town/city, an applicant may appeal in writing on or before **September 1st** *following* the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2008 property taxes, you have until September 1, 2009, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

16-5-46

FORM
PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

TO BE COMPLETED BY CITY/TOWN ASSESSING OFFICIALS

MUNICIPAL AUTHORIZATION

VETERANS' TAX CREDIT

CITY/TOWN TAX MAP # BLOCK # LOT #

		Granted	Denied	Date
☐ Veterans' Tax Credit ($50 minimum to $500)	Amount $	☐	☐	
☐ Service Connected Total & Permanent Disability ($700 minimum to $2000)	Amount $	☐	☐	
☐ Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty ($700 minimum to $2000)	Amount $	☐	☐	

☐ Review Discharge Papers (Form DD214), Form #

☐ Other Information

VETERANS' EXEMPTION

			Granted	Denied	Date
☐ Total Exemption	☐ (a) Veteran	☐ (b) Surviving Spouse/CU Partner	☐	☐	

APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS

Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single	$	$	65 - 74 years of age	$
Married	$	$	75 - 79 years of age	$
Asset Limits			80 + years of age	$
Single	$	$		
Married	$	$		

OTHER EXEMPTIONS

		Granted	Denied	Date
☐ Elderly Exemption	Amount $	☐	☐	
☐ Disabled Exemption	Amount $	☐	☐	
☐ Improvements to Assist the Deaf	Amount $	☐	☐	
☐ Improvements to Assist Persons with Disabilities	Amount $	☐	☐	
☐ Blind Exemption	Amount $	☐	☐	
☐ Deaf Exemption	Amount $	☐	☐	
☐ Solar Energy Systems Exemption	Amount $	☐	☐	
☐ Woodheating Energy Systems Exemption	Amount $	☐	☐	
☐ Wind-Powered Energy Systems Exemption	Amount $	☐	☐	

A photocopy of this Form (Pages 1 & 2) or a Form PA-35 must be returned to the property owner after approval or denial before July 1st.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II:

☐ List of assets, value of each asset, net encumbrance and net value of each asset.
☐ * Statement of applicant and spouse's/CU partner's income.
☐ * Federal Income Tax Form.
☐ * State Interest and Dividends Tax Form.
☐ * Property Tax Inventory Form filed in any other town.

* **Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.**

Municipal Notes

Selectmen/Assessor(s) Printed Name	Signatures(s) of Approval (in ink)	Date

Memo

To:	Select Board Town of Lee
From:	Scott P. Marsh, CNHA Municipal Resources, Inc.
Date:	April 21, 2014
RE:	Educational Exemption Application

Attached is application for exemption that is required to be filed annually. Application has been previously granted and there have been no changes in usage. Application appears to be in order and as such it is recommended that the application be approved for the 2014 tax year.

Exemption Granted	Exemption Denied
____________________	____________________
____________________	____________________
____________________	____________________

Dated____________

Form BTLA A-9
Page 1

The State of New Hampshire

RECEIVED
APR 14 2014
TOWN OF LEE, NH
SELECTMAN'S OFFICE

List of Real Estate on which Exemption is Claimed

Pursuant to RSA 72:23-c

This form must be completed and filed annually on or before April 15. The **ORIGINAL** list must be filed with the selectmen (assessors) of the municipality in which such real estate property is taxable. A **DUPLICATE** copy should be retained by the applicant. Failure to file this list may result in denial of the exemption.

This is to certify that the information contained in the following responses is true and correct to the best of my knowledge and belief and that I am duly authorized to sign on behalf of the applicant organization.

Date: 4/4/14 Signed by: Cellissa B Hoyt Executive Director
NAME & TITLE

1. Name of applicant organization: Growing Places Early Education and Youth Recreation
(OWNER OF PROPERTY OR PRINCIPAL OCCUPANT) – CIRCLE ONE OR BOTH
2. Mailing address and telephone number: 510 Pinkham Road, Lee NH 03861
3. In what municipality is this exemption claimed? Lee
4. Under which section is applicant requesting exemption: (An organization may not claim multiple exemptions under separate provisions of RSA 72:23)
RSA 72:23, III (religious) ☐ RSA 72:23, IV (educational) ☑ RSA72:23, V (charitable) ☐
(Form A-12 must also be filed, if applicant is requesting exemption as a charitable organization.)
5. Is the applicant organization organized or incorporated in New Hampshire (Yes ☒ No ☐)
Does it have a principal place of business in this state (Yes ☒ No ☐). If yes, where:
ADDRESS TELPHONE NUMBER
6. State general purpose for which applicant is organized or incorporated: child care for families/parent who go to work or to school; also preschool to help prepare children for public school
7. If applicant is requesting exemption as a charitable organization under RSA 72:23, V:
(a) What service of public good or welfare is provided? Child care so parents can work
(b) Who are the beneficiaries of this service? Children and families
(c) Is there a charge for this service? yes If yes, explain child care tuition cost
(d) For what purpose is any income used? to cover the cost of providing care & education
8. If the applicant is a religious organization, is it a regularly recognized and constituted denomination, creed or sect? ____
If so, give its generally recognized name ____

9. State whether the applicant has been granted exemption from taxation by special act of the legislature since May 7, 1913. ________

If so, give date. January 5, 1981

10. Did the municipality where the applicant claims exemption vote prior to April 1, 1958 to grant exemption on property not specifically exempted by Chapter 72 RSA as amended by Chapter 202 of the Laws of 1957? no

If so, what is the total amount of the exemption voted? ________

11. List real estate and personal property on which exemption is claimed for this municipality and the purpose of which each item is used. Itemize each building or tract of land separately indicating the approximate area or percentage used for exempt purposes. (See example)

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
03/01/02	1.86 acres of land	year round support of	
		infant, toddler, preschool and kindergarten care	
03/01/02	front building	80% childcare year round	
		20% administrative office	
03/01/02	back building	95% childcare year round	
		5% administrative office	

EXAMPLE:

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
25/6	5 acres of land	Continual support of	
		Smith & Jones bldgs.	
25/6	Smith house	25% science teacher's apt	
		75% dormitory (18 students)	4-H for 6 wks.
25/6	Jones Bldg.	40% apt. rent to public	
		50% student assemble room	Rented to town 4-5 times/yr.
		10% school nurse's office	
35/2	Brown lot-28 acres	Camping and hiking by scouts;	
		150/yr. for 2 wk. period	Logging

Form BTLA A-12

The State of New Hampshire

CHARITABLE ORGANIZATION FINANCIAL STATEMENT

Pursuant to RSA 72:23, VI, every charitable organization or society must file a statement of its financial conditi on with the municipality in which the property is located. This statement is due annually, be fore June 1. In compliance with this statute, please complete and return this fo rm with attachments, if necessary, to the municipality.

For Fiscal Year 4/1/14 to 3/31/15

1. In what municipality is this exemption claimed? Lee
2. Name of Organization or Society Growing Places Early Education and Youth Recreation
3. Name(s) and Address(es) of the Principal Officers:

   Dassie Ramsay, Board Chair Sophie lane, Durham NH
   Katheryn Watts, Board Treasurer 417 Beccaris Dr. Rollingsford NH
   Cellissa Hoyt, Executive Director 56 Pinkham Rd, Lee NH
4. Internal Revenue Service Identification Number: 02-0333489
5. Date of Registration or Incorporation with the N.H. Secretary of State:

   1978
6. Attach financial statement or best evidence available of the organization's source of income and expenditures in the preceding fiscal year.
7. If the organization or society files INTERNAL REVENUE SERVICE FORM 990, or other similar non-profit informational return, please enclose a copy.

Signature: Cellissa Hoyt

(Treasurer, or Principal Officer)

Send Original form and accompanying information to local assessing officials.
A duplicate copy should be retained by Property Owner.

GROWINGPLAC 02/14/2014 11:37 AM

Form **990** | Department of the Treasury, Internal Revenue Service

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)

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

OMB No. 1545-0047 | **2012** | **Open to Public Inspection**

A For the 2012 calendar year, or tax year beginning 09/01/12 , and ending 08/31/13

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Growing Places Early Education and Youth Recreation

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 56 Pinkham Road | Room/suite

City, town or post office, state, and ZIP code: Lee NH 03842

D Employer identification number: 02-0333489

E Telephone number: 603-868-1335

G Gross receipts $ 1,266,044

F Name and address of principal officer:
Katheryn Watts
56 Pinkham Road
Lee NH 03842

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.growingplacesnh.org

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1978 **M** State of legal domicile: NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	69
6 Total number of volunteers (estimate if necessary)	6	31
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	81,672	58,244
9 Program service revenue (Part VIII, line 2g)	1,202,423	1,207,796
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105	4
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,284,275	1,266,044
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	964,861	958,334
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,230		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	234,600	269,974
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,199,461	1,228,308
19 Revenue less expenses. Subtract line 18 from line 12	84,814	37,736

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	912,944	893,882
21 Total liabilities (Part X, line 26)	498,474	441,676
22 Net assets or fund balances. Subtract line 21 from line 20	414,470	452,206

Part II Signature Block

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

▶ Katheryn Watts | Date 03/24/2014
Signature of officer

▶ Katheryn Watts Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Steven J. Dennen	Steven J. Dennen	02/14/14		P00073749

Firm's name ▶ S.J. Dennen, CPA, P.C. | Firm's EIN ▶ 27-3730365

Firm's address ▶ 510 Turnpike Street, Suite 203, North Andover, MA 01845-5822 | Phone no. 978-688-2581

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 490,869 including grants of $) (Revenue $)

Early Childhood Program at 56 Pinkham Road in Lee - In two buildings on Pinkham Road, care and programming is provided in four classrooms to children ages six weeks through six years.

4b (Code:) (Expenses $ 403,178 including grants of $) (Revenue $)

Early Childhood Program at 60 Strafford Avenue in Durham - In space leased from the University of New Hampshire care and programming is provided in three classrooms to children ages two to six years.

4c (Code:) (Expenses $ 83,314 including grants of $) (Revenue $)

School Age Program at Moharimet Elementary School in Madbury - this programs operates after school, for full days during school vacation and teacher work shop days and for full days during the summer.

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 977,361

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Kathy Watts 56 Pinkham Road

Lee NH 03861 603-868-1335

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Chris Regan Director	0.50 0.00	X						0	0	0
(2) Kate Lilly Director	0.50 0.00	X						0	0	0
(3) Pam Gill Director	0.50 0.00	X						0	0	0
(4) Amy Leone Director	0.50 0.00	X						0	0	0
(5) Alyson Mueller President	2.00 0.00			X				0	0	0
(6) Dassie Ramsay Vice President	2.00 0.00			X				0	0	0
(7) Katheryn Watts Treasurer	2.00 0.00			X				0	0	0
(8) Laura Price Secretary	0.50 0.00			X				0	0	0
(9)										
(10)										
(11)										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										

		(D)	(E)	(F)
1b	**Sub-total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII. ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	58,244				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a–1f ▶			58,244			
Program Service Revenue				Busn. Code				
	2a	Tuition			1,190,421	1,190,421		
	b	Fees			17,375	17,375		
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			1,207,796			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			4	4		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	c	Rental inc. or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less: cost or other basis & sales exps.						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		Busn. Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶						
	12	**Total revenue.** See instructions. ▶			1,266,044	1,207,800	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	822,284	702,581	107,703	12,000
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	73,544	64,199	9,166	179
10 Payroll taxes	62,506	54,150	7,276	1,080
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,820		10,820	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	4,150			4,150
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	25,810	25,810		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21,796		21,796	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,583	33,797	1,786	
23 Insurance	20,708	9,276	11,401	31
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Direct Program Costs	49,150	34,340		14,810
b Reapirs and Maintenance	38,481	19,118	19,363	
c Supplies	32,993	21,140	10,829	1,024
d Utilities	14,530	11,117	3,413	
e All other expenses	15,953	1,833	12,164	1,956
25 Total functional expenses. Add lines 1 through 24e	1,228,308	977,361	215,717	35,230
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	12,947	1	31,176
	2	Savings and temporary cash investments	190	2	2,123
	3	Pledges and grants receivable, net	4,370	3	3,910
	4	Accounts receivable, net	17,594	4	12,556
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	952	9	2,809
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 1,045,295			
	b	Less: accumulated depreciation — 10b 209,184	871,122	10c	836,111
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,769	15	5,197
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	912,944	16	893,882
Liabilities	17	Accounts payable and accrued expenses	44,133	17	14,349
	18	Grants payable		18	
	19	Deferred revenue	43,559	19	40,301
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	390,434	24	366,130
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,348	25	20,896
	26	**Total liabilities.** Add lines 17 through 25	498,474	26	441,676
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	409,970	27	448,296
	28	Temporarily restricted net assets	4,500	28	3,910
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	414,470	33	452,206
	34	Total liabilities and net assets/fund balances	912,944	34	893,882

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,266,044
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,228,308
3	Revenue less expenses. Subtract line 2 from line 1	3	37,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	414,470
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	452,206

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Growing Places Early Education and Youth Recreation

Employer identification number: 02-0333489

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–Non-functionally integrated

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?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,618	68,113	95,069	81,672	58,244	326,716
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	1,152,283	1,049,846	1,106,942	1,202,423	1,207,800	5,719,294
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	1,175,901	1,117,959	1,202,011	1,284,095	1,266,044	6,046,010
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.)						6,046,010

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1,175,901	1,117,959	1,202,011	1,284,095	1,266,044	6,046,010
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	810	342	245	105		1,502
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	810	342	245	105		1,502
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.)	1,176,711	1,118,301	1,202,256	1,284,200	1,266,044	6,047,512

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.98 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	99.94 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2012.** 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—2011.** 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 ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Growing Places Early Education and Youth Recreation

Employer identification number: 02-0333489

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		320,580		320,580
b Buildings		69,420	11,579	57,841
c Leasehold improvements		634,477	177,743	456,734
d Equipment		4,330	4,330	
e Other		16,488	15,532	956
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				836,111

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued payroll and related taxes	20,896
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,896

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Growing Places Early Education and Youth Recreation

Employer identification number: 02-0333489

Form 990 - Organization's Mission or Most Significant Activities

Nature of Business

Growing Places Early Education and Youth Recreation is a not for profit organization, incorporated in the State of New Hampshire, to provide quality child care, educational enrichment and youth recreation programs in an effort to support families in raising responsible, respectful and resourceful children. The organization services residents in surrounding communities of Lee, Durham and Madbury, New Hampshire.

A loving, safe and engaging environment is provided where children can explore through play while in the company of attentive and interactive adults. Growing Places provides learning situations that are flexible, developmentally appropriate, child directed and mindful of differences and individuality. Teachers plan activities and experiences that encourage discovery and learning by stimulating physical, social, emotional and intellectual development and learning.

Form 990 - Additional Information

Employees are eligible for a reduced tuition for their children.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The treasurer and executive director review the 990 proir to the board of directors formally approving the form for filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Every new board memeber signs the conflict of interest policy. The

Name of the organization	Employer identification number
Growing Places Early Education and	02-0333489

conflict of interest policy is reviewed by the entire board every two years.

This review is done to see if there are any changes in what is disclosed.

Any time a new relationship (i.e. Hiring a contractor referred by a board member) or a financial decision is made, any board member who has a connection to any part of the new relationship or financial decision must disclose the relationship and abstain from voting on that issue.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

All documents available upon request.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference $ 572

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2012

Attachment Sequence No. 179

Name(s) shown on return: Growing Places Early Education and Youth Recreation

Identifying number: 02-0333489

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	32,647

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	2,364
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,011
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

GROWINGPLAC Growing Places Early Education and 02/14/2014 11:37 AM
02-0333489

Federal Asset Report

FYE: 8/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
2	Building 56	9/28/07	69,420				69,420	39	MM	S/L	9,799	1,780
3	Carpets 56	8/28/09	5,124			X	2,562	5	HY	200DB	4,248	584
			74,544				71,982				14,047	2,364
Other Depreciation:												
1	Land 56	9/28/07	320,580				320,580	0	--	Land	0	0
4	Other 56	8/28/09	2,277				2,277	5	MO	S/L	2,277	0
5	Flooring 56	4/19/10	1,255				1,255	5	MO	S/L	690	251
6	Sink 56	8/25/10	1,000				1,000	5	MO	S/L	450	200
7	Furniture	6/01/00	1,013				1,013	5	MO	S/L	1,013	0
8	Furniture Woodside	9/15/06	5,819				5,819	5	MO	S/L	5,819	0
9	Improvements 56	11/15/07	1,600				1,600	15	MO	S/L	520	107
10	Boiler 56	12/22/07	7,040				7,040	15	MO	S/L	2,171	469
11	Interior Wall 56	6/27/08	2,783				2,783	5	MO	S/L	2,296	487
12	Arsenic Filter	8/28/08	3,207				3,207	15	MO	S/L	882	214
13	Photo Copier	8/01/97	4,330				4,330	5	MO	S/L	4,330	0
14	Woodside Improvements	6/15/10	341,566				341,566	15	MO	S/L	136,626	22,771
15	Concrete Posts Woodside	6/15/10	1,035				1,035	15	MO	S/L	147	69
16	Improvements 56	6/30/11	20,210				20,210	15	MO	S/L	1,572	1,347
17	Improvements 56	8/12/11	3,448				3,448	15	MO	S/L	249	230
18	Improvements-Pinkham	6/30/12	253,588				253,588	39	MO	S/L	1,084	6,502
	Total Other Depreciation		970,751				970,751				160,126	32,647
	Total ACRS and Other Depreciation		970,751				970,751				160,126	32,647
	Grand Totals		1,045,295				1,042,733				174,173	35,011
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,045,295				1,042,733				174,173	35,011

GROWINGPLAC Growing Places Early Education and
02-0333489
FYE: 8/31/2013

02/14/2014 11:37 AM

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
3	Carpets 56	8/28/09	5,124		0	0	2,562	2,562
		Form 990, Page 1	5,124		0	0	2,562	2,562
		Grand Total	5,124		0	0	2,562	2,562

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest income	$ 4					
Total	$ 4					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Staff Development	$ 7,200	$	$ 7,200	$
Telephone	2,981	1,833	574	574
Miscellaneous	1,945		563	1,382
Bad debts	1,922		1,922	
Dues and Subscriptions	1,905		1,905	
Total	$ 15,953	$ 1,833	$ 12,164	$ 1,956

Federal Statements

Schedule A, Part III, Line 1(e)

Description		Amount
Other	$	58,244
Total	$	58,244

Schedule A, Part III, Line 2(e)

Description		Amount
Tuition	$	1,190,421
Fees		17,375
Interest income		4
Miscellaneous Income		
Total	$	1,207,800

OWNER INFORMATION

GROWING PLACES EARLY EDUCATION
AND YOUTH RECREATION
56 PINKHAM RD

LEE, NH 03861

SALES HISTORY

Date	Book	Page	Type	Price	Grantor
10/01/2007	3579	018	U I 36	390,000	GIBB FAMILY TRUST D 7/
03/28/2007	3509	118	U I 38		GIBB, RICHARD & CATHY
08/25/2005	3247	648	U I 38		GIBB, RICHARD
05/13/1985	1169	438	U I 38		GIBB, RICHARD
10/26/1977	1005	798	Q V	35,000	CANNEY, JER & SHAR

PICTURE

LISTING HISTORY

10/07/13	JQ	BP-INT
07/19/11	JQ	1/4 - EXT
08/14/06	DMVL	
08/12/02	JDRL	
07/25/87	IH	

NOTES

(3) 1/2 BTHS=1.5 BTHS; SMALL KITCHENETTE; INT & EXT=GOOD; 8X40 SHED=STORAGE CONTAINER; 07-11 N/C APPRARENT, 10/13-ADDED ENTRYWAY=100%, AJD C1/C2 LISTING AND SKETCH DATA PER PLAN. CARD #1 HAS THREE HALF BATHS=1.5. LINOLEUM FLRS=VCT.

EXTRA FEATURES VALUATION

Feature Type	Units	Lngth x Width	Size Adj	Rate	Cond	Market Value	Notes
SHED-EQUIPMENT	425	17 x 25	98	8.00	40	1,333	
SHED-WOOD	120	12 x 10	193	7.00	60	973	
SHED-METAL	320	8 x 40	110	5.00	40	704	
						3,000	

MUNICIPAL SOFTWARE BY AVITAR

LEE ASSESSING OFFICE

PARCEL TOTAL TAXABLE VALUE

Year	Building	Features	Land
2012	$ 141,900	$ 6,000	$ 148,700
		Parcel Total:	$ 296,600
2013	$ 141,900	$ 6,000	$ 148,700
		Parcel Total:	$ 296,600
2014	**$ 106,300**	**$ 3,000**	**$ 148,700**(c)
		Parcel Total:	**$ 344,100**

(Card Total: $ 258,000)

LAND VALUATION

Zone: COMM **Minimum Acreage:** 1.95 **Minimum Frontage:** 250 **Site:** **Driveway:** **Road:**

Land Type	Units	Base Rate	NC	Adj	Site	Road	DWay	Topography	Cond	Ad Valorem	SPI	R	Tax Value	Notes
EXEMPT-STATE	1.860 ac	148,743	E	100	100	100	100		100	148,700	0	N	148,700	DAYCARE CENTER
	1.860 ac									148,700			**148,700**	

PICTURE

OWNER

GROWING PLACES EARLY EDUCAT
AND YOUTH RECREATION
56 PINKHAM RD

LEE, NH 03861

TAXABLE DISTRICTS

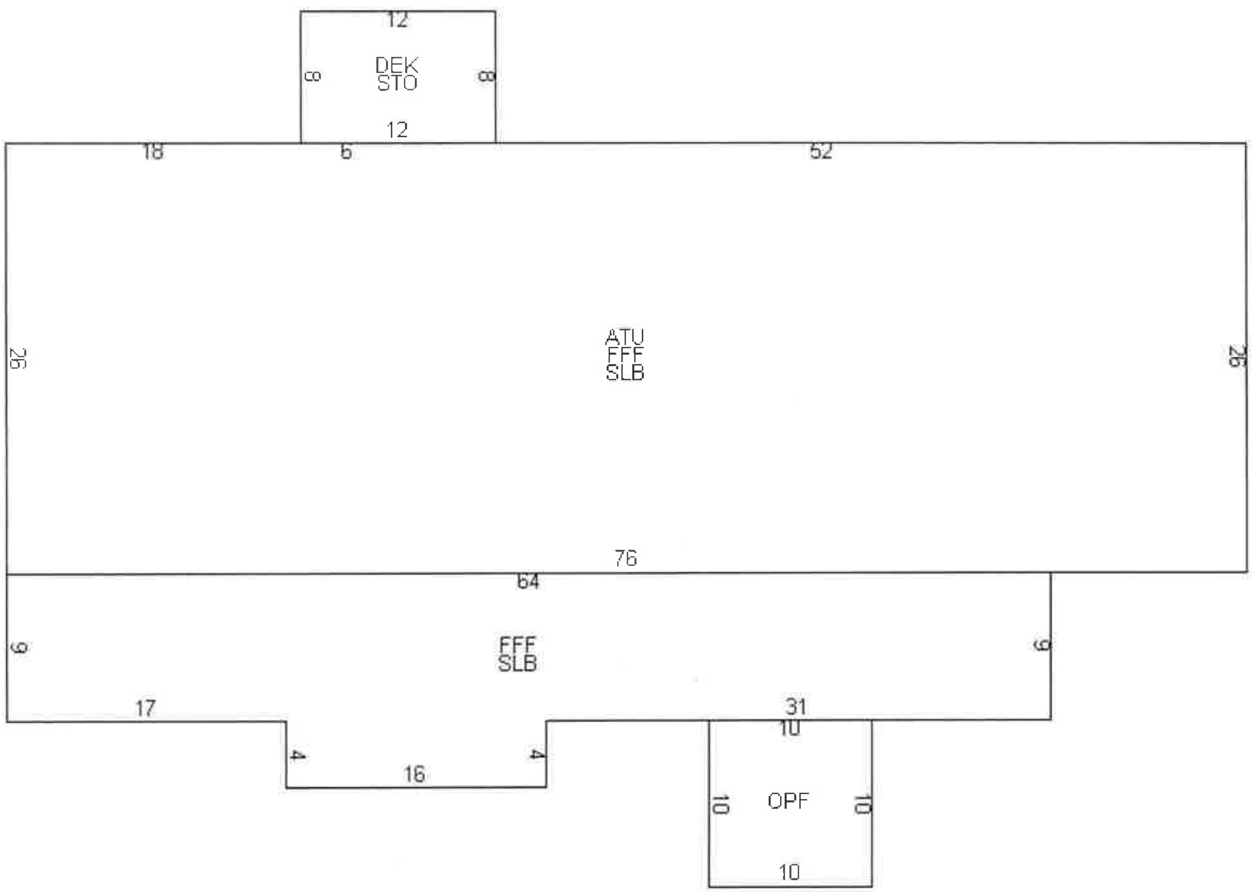
District	Percentage

PERMITS

Date	Project ID	Permit Type	Notes
07/12/12	1258	ADDITION	ADDITION TO EXISTING B

BUILDING DETAILS

Model: **1 STORY FRAME RANCH**
Roof: **GABLE OR HIP/ASPHALT**
Ext: **VINYL SIDING**
Int: **DRYWALL**
Floor: **CARPET/LINOLEUM OR SIM**
Heat: **GAS/HOT WATER**
Bedrooms: Baths: **1.5** Fixtures: **6**
Extra Kitchens: Fireplaces:
A/C: **No** Generators:
Quality: **A0 AVG**
Com. Wall:
Size Adj: **0.9514** Base Rate: **EXC 45.00**
Bldg. Rate: **0.9133**
Sq. Foot Cost: **$ 41.10**



BUILDING SUB AREA DETAILS

ID	Description	Area	Adj.	Effect.
OPF	OPEN PORCH FIN	100	0.25	25
FFF	FST FLR FIN	2616	1.00	2616
DEK	DECK/ENTRANCE	96	0.10	10
STO	STORAGE AREA	96	0.25	24
ATU	ATTIC	1976	0.10	198
SLB	SLAB	2616	0.00	0
		7,500		**2,873**

2011 BASE YEAR BUILDING VALUATION

Market Cost New:		**$ 118,080**
Year Built:		**1985**
Condition For Age:	GOOD	**10 %**
Physical:		
Functional:		
Economic:		
Temporary:		
Total Depreciation:		**10 %**
Building Value:		**$ 106,300**

Map: 000003 Lot: 000001 Sub: 000200 Card: 2 of 2 54 PINKHAM ROAD LEE Printed: 04/21/2014

OWNER INFORMATION

GROWING PLACES EARLY EDUCATION
AND YOUTH RECREATION
56 PINKHAM RD

LEE, NH 03861

SALES HISTORY

Date	Book	Page	Type	Price	Grantor

PICTURE

LISTING HISTORY

10/07/13	JQ	
10/07/13	JQ	BP-INT
07/19/11	JQ	1/4 - EXT
08/14/06	DMVM	
08/12/02	JDRL	
07/25/87	IH	

NOTES

WHITE; NO REMODELS OR UPDATES TO HSE; OKB; ORIG WNDWS; ROOM IN BMF=CEILING FALLING DOWN - USED AS STO; FPL IS BLOCKED OFF COMPLETELY; 3 FIX IN 1 BATH & 2 IN 1/2 BATH; DNVI NOH ALL INFO FROM PERSON IN OTHER BLDG; EXT=GOOD; 10/13-REMOVED WALL NOW 2BDRM

EXTRA FEATURES VALUATION

Feature Type	Units	Lngth x Width	Size Adj	Rate	Cond	Market Value	Notes
FIREPLACE 1-STAND	1		100	3,000.00	0	0	
FENCE COMMERCIAL/FT	150	150 x 1	167	15.00	80	3,006	
						3,000	

MUNICIPAL SOFTWARE BY AVITAR

LEE ASSESSING OFFICE

PARCEL TOTAL TAXABLE VALUE

Year	Building	Features	Land
2014	$ 83,100	$ 3,000	$ 0(c)
		Parcel Total: $ 344,100	

(Card Total: $ 86,100)

LAND VALUATION

Zone: RES **Minimum Acreage:** **Minimum Frontage:** **Site:** **Driveway:** **Road:**

Land Type	Units	Base Rate	NC	Adj	Site	Road	DWay	Topography	Cond	Ad Valorem	SPI	R	Tax Value	Notes
EXEMPT-STATE	0													
	0 ac													

Map: 000003 Lot: 000001 Sub: 000200 Card: 2 of 2 54 PINKHAM ROAD LEE Printed: 04/21/2014

PICTURE

OWNER

GROWING PLACES EARLY EDUCAT
AND YOUTH RECREATION
56 PINKHAM RD

LEE, NH 03861

TAXABLE DISTRICTS

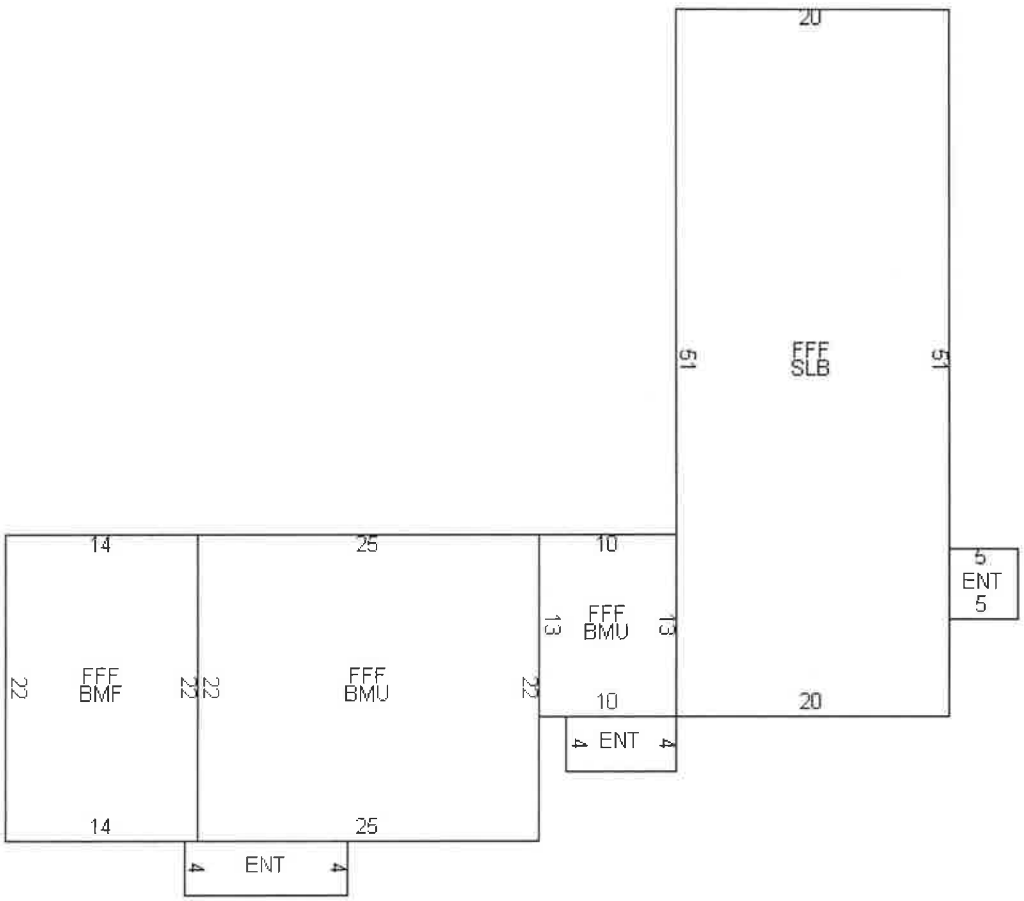
District	Percentage

PERMITS

Date	Project ID	Permit Type	Notes

BUILDING DETAILS

Model: **1 STORY FRAME RANCH**
Roof: **GABLE OR HIP/ASPHALT**
Ext: **ALUM SIDING/VINYL SIDING**
Int: **DRYWALL**
Floor: **CARPET/LINOLEUM OR SIM**
Heat: **OIL/HOT WATER**
Bedrooms: **2** Baths: **2.0** Fixtures:
Extra Kitchens: Fireplaces:
A/C: **No** Generators:
Quality: **A0 AVG**
Com. Wall:
Size Adj: **1.0114** Base Rate: **EXC 45.00**
Bldg. Rate: **0.9709**
Sq. Foot Cost: **$ 43.69**



BUILDING SUB AREA DETAILS

ID	Description	Area	Adj.	Effect.
FFF	FST FLR FIN	2008	1.00	2008
BMF	BSMNT FINISHED	308	0.30	92
BMU	BSMNT	680	0.15	102
ENT	ENTRANCE	105	0.10	11
SLB	SLAB	1020	0.00	0
		4,121		**2,213**

2011 BASE YEAR BUILDING VALUATION

Market Cost New:		**$ 96,686**
Year Built:		**1960**
Condition For Age:	GOOD	**14 %**
Physical:		
Functional:		
Economic:		
Temporary:		
Total Depreciation:		**14 %**
Building Value:		**$ 83,100**

Memo

To:	Select Board Town of Lee
From:	Scott P. Marsh, CNHA Municipal Resources, Inc.
Date:	April 21, 2014
RE:	Religious Exemption Application

Attached is application for religious exemption that is required to be filed annually. Application has previously been granted and there have been no changes. Application appears to be in order and as such it is recommended that the application be approved for the 2014 tax year.

Exemption Granted	Exemption Denied
____________________	____________________
____________________	____________________
____________________	____________________

Dated____________

The State of New Hampshire

List of Real Estate on which Exemption is Claimed

Pursuant to RSA 72:23-c

This form must be completed and filed annually on or before April 15. The **ORIGINAL** list must be filed with the selectmen (assessors) of the municipality in which such real estate property is taxable. A **DUPLICATE** copy should be retained by the applicant. Failure to file this list may result in denial of the exemption.

This is to certify that the information contained in the following responses is true and correct to the best of my knowledge and belief and that I am duly authorized to sign on behalf of the applicant organization.

Date: 4-14-14 Signed by: [signature] - Chair, Board of Trustees
NAME & TITLE

1. Name of applicant organization: Lee Church Congregational, Inc
(OWNER OF PROPERTY OR PRINCIPAL OCCUPANT – CIRCLE ONE OR BOTH)
2. Mailing address and telephone number: 17 Mast Rd, Lee, NH, 03861
603-659-8069
3. In what municipality is this exemption claimed? Lee, NH
4. Under which section is applicant requesting exemption: (An organization may not claim multiple exemptions under separate provisions of RSA 72:23)
RSA 72:23, III (religious) ☒ RSA 72:23, IV (educational) ☐ RSA72:23, V (charitable) ☐
(Form A-12 must also be filed, if applicant is requesting exemption as a charitable organization.)
5. Is the applicant organization organized or incorporated in New Hampshire (Yes ☐ No ☐)
Does it have a principal place of business in this state (Yes ☒ No ☐). If yes, where:
17 Mast Rd, Lee, NH, 03861 603-659-2861
ADDRESS TELPHONE NUMBER
6. State general purpose for which applicant is organized or incorporated: To Maintain public services for the worship of God, and the teaching of the bible. To promote the intrest of the Kingdom of God according to the teaching of Christ
7. If applicant is requesting exemption as a charitable organization under RSA 72:23, V:
(a) What service of public good or welfare is provided? ________
(b) Who are the beneficiaries of this service? ________
(c) Is there a charge for this service? ________ If yes, explain ________
(d) For what purpose is any income used? ________
8. If the applicant is a religious organization, is it a regularly recognized and constituted denomination, creed or sect? UCC
If so, give its generally recognized name The Lee Church Congregational, United Church of Christ

9. State whether the applicant has been granted exemption from taxation by special act of the legislature since May 7, 1913. Unknown

If so, give date. ______________

10. Did the municipality where the applicant claims exemption vote prior to April 1, 1958 to grant exemption on property not specifically exempted by Chapter 72 RSA as amended by Chapter 202 of the Laws of 1957? Unknown

If so, what is the total amount of the exemption voted? ______________

11. List real estate and personal property on which exemption is claimed for this municipality and the purpose of which each item is used. Itemize each building or tract of land separately indicating the approximate area or percentage used for exempt purposes. (See example)

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
11/6	Church Building	Worship	
	Parish house	Bible Studies	
	Garage	Youth Activities	
	4 Sheds	Food Pantry	100%
	12 ± Acres	Boy & Girl Scouts	
		Lee Hill School	
		AA meetings	

EXAMPLE:

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
25/6	5 acres of land	Continual support of	
		Smith & Jones bldgs.	
25/6	Smith house	25% science teacher's apt	
		75% dormitory (18 students)	4-H for 6 wks.
25/6	Jones Bldg.	40% apt. rent to public	
		50% student assemble room	Rented to town 4-5 times/yr.
		10% school nurse's office	
35/2	Brown lot-28 acres	Camping and hiking by scouts;	
		150/yr. for 2 wk. period	Logging

TOWN OF LEE, NEW HAMPSHIRE

7 Mast Road
Lee, New Hampshire 03861
Telephone 603-659-5414

RECEIVED
APR 15 2014
TOWN OF LEE, NH
SELECTMAN'S OFFICE

March 24, 2014

Lee Congregational Church
17 Mast Road
Lee, NH 03861

To Whom It May Concern,

Enclosed are the pertinent forms which in accordance with RSA 72:22-c relative to tax exemption for real estate of religious, educational and charitable organizations are required to be filed by April 15 of each year.

Please complete in duplicate, return one to the Town and retain one copy for your records.

Thank you for your attention to this matter and if there are any questions, please feel free to contact me at the number above.

Yours Truly

Scott P. Marsh, CNHA
Municipal Resources Inc.
Contracted Assessing Agents

Memo

To: Select Board
Town of Lee

From: Scott P. Marsh, CNHA
Municipal Resources, Inc.

Date: April 21, 2014

RE: Charitable Exemption Application

Attached is application for charitable exemption that is required to be filed annually. Application has been previously granted and there have been no changes. Application appears to be in order and as such it is recommended that the application be approved for the 2014 tax year.

Exemption Granted	Exemption Denied
____________________	____________________
____________________	____________________
____________________	____________________

Dated____________

RECEIVED
APR 14 2014
TOWN OF LEE, NH
SELECTMAN'S OFFICE

Form BTLA A-12

The State of New Hampshire

CHARITABLE ORGANIZATION FINANCIAL STATEMENT

Pursuant to RSA 72:23, VI, every charitable organization or society must file a statement of its financial conditi on with the municipality in which the property is located. This statement is due annually, be fore June 1. In compliance with this statute, please complete and return this fo rm with attachments, if necessary, to the municipality.

For Fiscal Year June 30, 2013 to July 1, 2014

1. In what municipality is this exemption claimed? Lee
2. Name of Organization or Society Jeremiah-Smith Grange #161
3. Name(s) and Address(es) of the Principal Officers:

F. James Brady - Master
246 Wadleigh Falls Rd
Lee, NH

Betty Brady - Treas
246 Wadleigh Falls Rd
Lee, NH 03861

4. Internal Revenue Service Identification Number: 02-0476315
5. Date of Registration or Incorporation with the N.H. Secretary of State:
?
6. Attach financial statement or best evidence available of the organization's source of income and expenditures in the preceding fiscal year.
7. If the organization or society files INTERNAL REVENUE SERVICE FORM 990, or other similar non-profit informational return, please enclose a copy.

Signature: Betty Brady - treas
(Treasurer, or Principal Officer)

Send Original form and accompanying information to local assessing officials.
A duplicate copy should be retained by Property Owner.

The State of New Hampshire

List of Real Estate on which Exemption is Claimed

Pursuant to RSA 72:23-c

This form must be completed and filed annually on or before April 15. The **ORIGINAL** list must be filed with the selectmen (assessors) of the municipality in which such real estate property is taxable. A **DUPLICATE** copy should be retained by the applicant. Failure to file this list may result in denial of the exemption.

This is to certify that the information contained in the following responses is true and correct to the best of my knowledge and belief and that I am duly authorized to sign on behalf of the applicant organization.

Date: 4/9/14 Signed by: Betty Brady treas
NAME & TITLE

1. Name of applicant organization: Jeremiah Smith Grange #161
(OWNER OF PROPERTY OR PRINCIPAL OCCUPANT – CIRCLE ONE OR BOTH)
2. Mailing address and telephone number: c/o Betty Brady, 246 Wadleigh Falls Rd, Lee, NH 03861 659-5852
3. In what municipality is this exemption claimed? Lee, NH
4. Under which section is applicant requesting exemption: (An organization may not claim multiple exemptions under separate provisions of RSA 72:23)
RSA 72:23, III (religious) ☐ RSA 72:23, IV (educational) ☐ RSA72:23, V (charitable) ☒
(Form A-12 must also be filed, if applicant is requesting exemption as a charitable organization.)
5. Is the applicant organization organized or incorporated in New Hampshire (Yes ☒ No ☐)
Does it have a principal place of business in this state (Yes ☒ No ☐). If yes, where:
1 Lee Hook Rd, Lee, NH 03861 659-5852
ADDRESS TELPHONE NUMBER
6. State general purpose for which applicant is organized or incorporated: Supporter of farmers, Agriculture thru education & involvement in community
7. If applicant is requesting exemption as a charitable organization under RSA 72:23, V:
(a) What service of public good or welfare is provided? Supports Agriculture Lee, Strafford Cty
(b) Who are the beneficiaries of this service? local farmers & agricult. org of County, Residents
(c) Is there a charge for this service? yes If yes, explain minimal to offset some of heat costs
(d) For what purpose is any income used? heat/electrical costs & insurance prem. maintainance of building
8. If the applicant is a religious organization, is it a regularly recognized and constituted denomination, creed or sect? ——
If so, give its generally recognized name

9. State whether the applicant has been granted exemption from taxation by special act of the legislature since May 7, 1913. yes

If so, give date. Mar 17, 1983

10. Did the municipality where the applicant claims exemption vote prior to April 1, 1958 to grant exemption on property not specifically exempted by Chapter 72 RSA as amended by Chapter 202 of the Laws of 1957? no

If so, what is the total amount of the exemption voted? ______

11. List real estate and personal property on which exemption is claimed for this municipality and the purpose of which each item is used. Itemize each building or tract of land separately indicating the approximate area or percentage used for exempt purposes. (See example)

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
28-07-0100	Grange Hall - 1	support of meetings	meetings for
	Lee Hook Rd	for Jeremiah-Smith	Grange + other
	+ 0.71 acres	Grange +	agricultural
		continued support	organizations -
		of Agriculture	Local + County

EXAMPLE:

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
25/6	5 acres of land	Continual support of	
		Smith & Jones bldgs.	
25/6	Smith house	25% science teacher's apt	
		75% dormitory (18 students)	4-H for 6 wks.
25/6	Jones Bldg.	40% apt. rent to public	
		50% student assemble room	Rented to town 4-5 times/yr.
		10% school nurse's office	
35/2	Brown lot-28 acres	Camping and hiking by scouts;	
		150/yr. for 2 wk. period	Logging

FORM **990-N**

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990EZ

OMB No. 1545-NNNN

2013

Open To Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2012 , and ending 09-30-2013

B Check if applicable:
- ☐ Termination
- ☑ Gross Receipts $50,000 or less

E Website Address

C Name of Organization
New Hampshire State Grange of the Order of Patrons of Husbandry

Number and Street (or P.O. box, if mail is not delivered to street address)
1 Lee Hook Rd

City or town, state or country, and Zip + 4
Lee, NH 03861

D Employer ID number
237508510

F Name of Principal Officer:
Betty Brady

Number and street (or P. O. box, if mail is not delivered to street address) of Principal Officer
246 Wadleigh Falls Rd

City or town, state or country, and ZIP + 4
Lee, NH 03861

This is to certify that we have examined the books and accounts of the Secretary and the Treasurer and find them correct and properly vouched for the quarter ending

Sept 10, 2013

We find the financial condition as follows:

ASSETS

Value of Real Estate	$ 186,000
Value of other property and equipment	$ 40,000
Invested Funds (including cash in Savings Bank)	$
Cash in Treasury, including cash on Deposit	$ 11,724.58
Cash in hands of Secretary	$ 22
Total	$
Escrow acct held by State Grange	22,345.29

LIABILITIES

Mortgage on Property	$ 0
Outstanding Bills	$ 0
Total	$

Uncollected Dues $ 0

EXECUTIVE COMMITTEE

BBB 97122

COMMUNICATIONS SERVICES MEMORANDUM OF AGREEMENT BETWEEN THE TOWN OF LEE, NH AND THE UNH COMMUNICATIONS CENTER FROM JULY 1, 2014 THROUGH JUNE 30, 2015

The following agreement between the Town of Lee, New Hampshire and the UNH Communications Center, unless otherwise stipulated, shall remain in effect from July 1, 2014 through June 30, 2015. The UNH Communications Center agrees to provide 24 hour emergency dispatching services for the Lee Fire and Rescue Department and dedicated emergency telephones and radio dispatching for the aforementioned emergency service unit.

The cost associated for the emergency dispatching services, shall be based upon the percentage of total calls for service that the community generates during the previous year in relation to the total communications. Based on your town's percentage of total calls calculated user fee for 2014-2015 is $8,445.

The total sum of $8445.00 shall be due to the Alarms Monitoring Account, payable to UNH, within thirty (30) days of the effective date of this agreement, unless other written arrangements have been made with the UNH Communications Center.

All costs associated with the emergency telephone installations, maintenance, monthly toll charges, and supporting equipment shall be the direct responsibility of the individual emergency service units.

It is agreed that if an exceptional extended emergency occurs within the Town of Lee (excepting on University property) which requires additional personnel to be placed in the Communications Center for dispatching coverage, the Town of Lee will reimburse the Communications Center for all associated extra cost incurred.

Long distance telephone costs associated with dispatching services for the Town of Lee will be billed periodically to the individual emergency service unit.

The UNH Communications center will generate a dispatch call for service for each call including all pertinent information and entries such as time call received, caller information, time dispatched, time arrived, call cleared and other similar notations. The dispatch center will forward a summary of all calls dispatched to the receiving agency when requested. Records maintained by the dispatch center for records checks, license checks and NCIC checks will be available to law enforcement agencies only.

Dispatching procedures for the Lee emergency service units will be developed jointly by the Department head and the Communications Center Supervisor. Procedures of issue remaining unresolved will be referred to the University of New Hampshire Chief of Police.

The UNH Police Department will maintain control of its personnel including scheduling, recruitment, selection, discipline and evaluation of performance. In all situations where a conflict in procedures arises, the policy and procedures of the UNH Police Department will be controlling.

The UNH Communications Center will hold harmless and indemnify the Town of Lee and its personnel from any and all liabilities, arising in the provision of dispatch service, caused by a negligent act of the Communications Center's personnel.

The UNH Communications Center agrees to provide a rider to its liability insurance policy in the amount of $1,000,000, naming the Town of Lee as an additional insured, and to supply the Town of Lee with a copy of this rider as soon as possible. Likewise the Town of Lee will provide to the UNH Communications Center the same indemnification and insurance provisions as specified in this section.

It is mutually agreed that this Memorandum of Agreement is acceptable to the UNH Communications Center and Town of Lee and may be canceled by either party to the Agreement upon one year written notice.

If any section of this Agreement is held invalid by judicial ruling, said invalidation shall not have bearing upon any other section contained therein.

It is further agreed that this Memorandum of Agreement may be amended from time to time by the signatories thereto, such amendments must be in writing, signed, witnesses, and notarized, to be effective.

This agreement supersedes any previous agreement between the above named parties for the like services, and represents the complete and final agreement between the parties.

UNH Communications Center

Paul Dean Date
Executive Director of Public Safety
University of New Hampshire Police Department

Town of Lee, New Hampshire

Board of Selectmen Date

Board of Selectmen Date

Board of Selectmen Date

Lee Fire Chief Date

To: **AMANDA GOURGUE** of Lee, New Hampshire in the **County of Strafford:**

Whereas, there is a vacancy in the office of the CONSERVATION COMMISSION and whereas we, the subscribers, have confidence in your ability and integrity to perform the duties of said office, we do hereby appoint you, the said named above, upon your taking the oath of office, and having this appointment and the certificate of said oath of office recorded by the Town Clerk, you shall have the powers, perform the duties and be subject to the liabilities of such office until March 2017.

Given under our hands, this 14th day of April, 2014

....>

....> **BOARD of SELECTMEN**

....>

I, ______________________________, do solemnly swear that I will faithfully and impartially discharge and perform all the duties incumbent on me as an ALTERNATE member of the CONSERVATION COMMISSION according to the best of my abilities, agreeably to the rules and regulations of the constitution and laws of the **State of New Hampshire - So help me God.**

STATE OF NEW HAMPSHIRE
STRAFFORD COUNTY

Personally appeared the above named **AMANDA GOURGUE** took and subscribed the foregoing oath. Before me,

....

Linda R. Reinhold, **Town Clerk**

Date: ____________________, 2014

Received and Recorded:

____

STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR
HIGHWAY SAFETY AGENCY
78 REGIONAL DRIVE, BUILDING 2
CONCORD, N.H. 03301-8530

TDD Access: Relay NH 1-800-735-2964
603-271-2131
FAX 603-271-3790

Margaret Wood Hassan
GOVERNOR

Peter M. Thomson
COORDINATOR

RECEIVED
APR 10 2014
BY:

April 7, 2014

Chief Thomas C. Dronsfield, Jr.
Lee Police Department
20 George Bennett Road
Lee, NH 03861

Dear Chief Dronsfield:

Enclosed is an application for a highway safety grant for the Town of Lee. If you concur with the contents of this contract, please sign the signature sheet (page 2) as Project Director, secure the signature of the Chairman of the Board of Selectmen, and complete the Joint Approval Form. **Return the entire signed contract packet as received**, and it will be given consideration for final approval.

Please be advised that no equipment may be ordered or funds expended under this agreement until final approval has been granted and notice to this effect has been sent to you.

Grant recipients are advised to check with local financial officials as to which account reimbursement checks will be credited.

Should you have any questions concerning this agreement, please do not hesitate to contact me.

Sincerely,

Deb Garvin

Debra H. Garvin
Program Manager

/djf
Enclosure

JOINT APPROVAL
OF
HIGHWAY SAFETY PROJECT APPLICATION

TO: NH Highway Safety Agency
78 Regional Drive, Building #2
Concord, NH 03301-8530

Date: ______________________

This is to certify that the ___LEE___ Highway Safety Committee has reviewed the attached Federal Highway Safety Project Application and is aware of the contents of the application.

This further certifies that after due consideration by the Committee and the city/town officials that this project application represents a top priority need of the town or city for the period covered by the grant period.

X______________________________
Chairman, Board of Selectmen or
Other Authorizing Official

X______________________________
Chairman, Highway Safety Committee

X______________________________
Project Director

HS-5 (2/10)

New Hampshire DOT
Department of Transportation

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

DAVID J. BRILLHART, P.E.
ASSISTANT COMMISSIONER

January 30, 2014

FEB 0 3 2013

Mr. Peter M. Thomson
Coordinator
NH Highway Safety Agency
78 Regional Drive, Building 2
Concord, NH 03301-8530

Subject: Buckle Up In Your Truck Road Signs

Dear Mr. Thomson:

This is in response to your request for the NHDOT's support for the Buckle Up In Your Truck campaign. I fully support your effort and this comprehensive public information/education program. I think we all agree that buckling up one's seatbelt is the single most effective action a person can take to protect themselves and their family from serious injury and death in a roadway crash. I have discussed your program with my staff regarding the placing of temporary signs within the state right-of-way from approximately April 15, 2014 through July 31, 2014. I would ask that once the routes/roads are identified that you contact our District Maintenance Office (Caleb Dobbins @ 271-2693) so they can review the proposed sign locations to ensure they do not pose a safety and/or maintenance operation issue. We would also ask that signs not be placed within Interstate right-of-ways, or on median islands, or attached to permanent traffic signs.

By copy of this letter, I am asking that Caleb Dobbins notify his crews in Lisbon, Haverhill, Littleton, Lee and Epping of this initiative, and the anticipated erection and display of the BUIYT campaign signs from approximately April 15th through July 31st of this year.

I look forward to our continued cooperative efforts to improve safety on NH's highways. Please let me know if we can be of further assistance.

Sincerely,

Christopher D Clement, Sr.
Commissioner

cc. B. Janelle
D. Rodrigue
B. Lambert
C. Dobbins

JOHN O. MORTON BUILDING • 7 HAZEN DRIVE • P.O. BOX 483 • CONCORD, NEW HAMPSHIRE 03302-0483
TELEPHONE: 603-271-3734 • FAX: 603-271-3914 • TDD: RELAY NH 1-800-735-2964 • INTERNET: WWW.NHDOT.COM

CONTRACTUAL AGREEMENT
FOR HIGHWAY SAFETY PROJECT GRANT

State Of New Hampshire
Highway Safety Agency
78 Regional Drive, Building 2
Concord, NH 03301-8530

For HSA Use Only

Date Received	Project Number
Date Approved	PSP and Task # 14-01, 07

Part I

1. Project Title	2. Type of Application (Check One)
Lee "Buckle Up In Your Truck"	X Initial Revision Continuation

3. Applicant	
A. Name of Agency DUNS Number 103942798 Lee Police Department	B. Address of Agency 20 George Bennett Road Lee NH 03861-6357
C. Government Unit (Check One) State X City/Town County Other (specify):	D. Name Address of Governmental Unit Town of Lee 7 Mast Road Lee, NH 03861-6567

4. Contract Duration	
A. Contract Period	Functional Area: OP - Occupant Protection
	CFDA#: 20.600
Start Date: April 1, 2014	Program Title: State & Community Highway Safety
Termination Date: August 31, 2014	Funding Source: National Highway Traffic Safety Administratio

6. Description of Project (Describe in detail in Schedule A) and Source of Funds

Budget (Provide itemization as called for on Schedule B) and Source of Funds					
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds
a. Personnel Services	$1,625.00	$1,625.00			
b. Current Expense					
c. Equipment					
d. Indirect Costs Audit					
e. Contractual Services					
f. Other					
Total Estimated Costs Including Non-Federal Share	$1,625.00	$1,625.00			

7. Local Benefit:

It is anticipated that the federal share for local benefit will be: 100% ($1,625.00)

Part II

BUDGET AND PERSONNEL DATA		
a. Personnel Services (OVERTIME "BUCKLE UP IN YOUR TRUCK") Salary: 25 overtime hours x $50.00/hour Payroll-related deductions: $1,250.00 x 30 percent See attached addenda for overtime breakdown *See Proposed Solution (page 3) for explanation of pay rates	 $1,250.00 375.00	$1,625.00
b. Current Expenses		
c. Equipment		
d. Indirect Costs and Audit Expense		
e. Contractual Services		
f. Other Expenses		
Total		$1,625.00

Part III

Acceptance of Conditions. It is understood and agreed by the undersigned that a grant received as a result of this contract is subject to the regulations governing grant which have been furnished (or will be furnished upon request) to the applicant.

A. Project Director		
1) Name Thomas C. Dronsfield, Jr.	2) Title Chief, Lee Police Department	3) Address 20 George Bennett Road Lee, NH 03861
4) Signature X		5) Telephone Number 659-5866
B. Authorized Official		
1) Name David Cedarholm	2) Title Chairman, Lee Board of Selectmen	3) Address 7 Mast Road Lee, NH 03861
4) Signature X		5) Telephone Number 659-5414

Part IV **(For HSA Use Only)**

1. Approval Date	2. Signature & Title Peter M. Thomson, Coordinator NH Highway Safety Agency
3. Federal Funds Obligated by this Agreement:	

PROPOSED BUDGET HOURS

Program Area	Number of Officers	Hours Per Officer
Preliminary meeting setup	1	3
Focus group 2 meetings @ 2 hours	1	4
Pre-survey @ 2 hours	2	4
Sign installation/change	1	2
BUIYT final week driver recognition @ 2 hours	2	4
Post survey @ 2 hours	2	4
Second post survey @ 2 hours	2	4
Total	11	25

SCHEDULE A
GENERAL PROJECT INFORMATION

Description of Project

STATEMENT OF PROBLEM/NEED: There is a need to increase New Hampshire's seat belt usage rate and specifically the use of seat belts by drivers and occupants of pickup trucks. In New Hampshire these individuals consistently have lower usage rates than occupants of all other vehicles (automobiles, vans, and sport utility vehicles). In addition, belt use by this population is lowest in rural areas of the state.

Increasing seat belt usage in New Hampshire is a challenge due to the lack of a mandatory seat belt use law for vehicle occupants over the age of 18 years. Therefore, special efforts must be undertaken targeting those groups with the lowest belt usage. One of the most effective ways to accomplish this goal is through the use of intensive media campaigns focusing on public information and education.

Seat Belt Usage By Type of Vehicle – Drivers and Passengers
(unweighted percentage)

	2011		2012		2013	
Vehicle Type	Drivers Belted	Passengers Belted	Drivers Belted	Passengers Belted	Drivers Belted	Passengers Belted
Auto	72.1%	72.5%	68.0%	65.7%	75.0%	73.4%
SUV/Van	77.1%	80.1%	76.2%	73.2%	79.1%	78.7%
Pickup Truck	60.0%	57.9%	51.7%	54.2%	57.9%	55.0%

PROPOSED SOLUTION: The Lee Police Department, along with the Injury Prevention Center (IPC) at Dartmouth College, will develop, in cooperation with the NH Highway Safety Agency, a program designed to increase seat belt usage by pickup truck drivers and occupants. Based on results of seat belt use surveys and the ability to retain the cooperation of local officials, the program will be conducted in Lee. A specific theme/slogan will be utilized (i.e. "Buckle Up In Your Truck", "Pickup the Habit", etc.) in order to increase statewide recognition if the program is expanded to include the entire state. This will require partnering with the local police department, town officials, and citizens to conduct a program over an 8-week period (estimated). This program will include a focus group meeting during which participants will respond to a brief set of questions that will assist in developing a campaign to increase the number of pickup truck drivers wearing belts. Letters from the local police chief, local doctor or medical professional, and others will be distributed to area print media, and a series of yard/roadside posters will be developed/printed to be erected and changed weekly during a month-long period. In addition, the program will be promoted through local radio and newspaper advertising. A pre seat belt use survey and two post seat belt use surveys will be conducted—one within a week following the campaign and a second approximately 30 days later to determine the immediate and longer impact of the effort. Following is a tentative schedule:

Week 1	Organizational Meeting/Focus Group
Week 2 & 3	Pre-Campaign Seat Belt Use Survey and preparation work
Week 4	Signs and letters to the editor from local doctor regarding the effort
Week 5	Signs and letter to the editor from the local police chief
Week 6	Signs, radio/newspaper advertising
Week 7	Signs, radio/newspaper advertising; stationary observations by local police
Week 8	Post-Campaign Seat Belt Use Survey (within one week)
	Post-Campaign Seat Belt Use Survey (30+/- days) following Week 8 survey

During the contract period covering this program, the Lee Police Department will hire up to two officers who, on an overtime basis, will be responsible for facilitating the focus group, conducting pre and post seat belt surveys, and place/change the signs (on weekends in order to be visible for Monday commuter traffic). These activities will occur between the hours of 6:00 AM and 9:00 PM, Sunday through Saturday. **It is understood that these activities will be conducted on an overtime basis and officers will be paid at their overtime (1.5) rate for work exceeding their normal 40 hours per week. Part-time officers will be paid at their normal hourly rate. Please see letter from Commissioner Christopher Clements that is attached to this project.**

Once the program is completed, data will be gathered and analyzed; and based on the results, a decision will be made to expand the program to other areas of the state during the next fiscal year. If the effort moves forward, it is anticipated that programs will be

(over)

implemented in additional towns during the Memorial Day Seat Belt Mobilization period (i.e. New Hampshire's "Join the NH Clique" and NHTSA's "Clique It or Ticket It" campaigns).

ANTICIPATED RESULTS/GOALS: As a result of the program, it is anticipated there will be an increase in seat belt use by pickup truck drivers and occupants, as well as an overall increase in belt use by all vehicle occupants traveling through the Lee area. If successful, this program may be expanded to other areas of the state which will increase seat belt usage and ultimately contribute to a reduction in motor vehicle related deaths and injuries.

ADDITIONAL PROJECT CONDITIONS: It is agreed that the attached "Time and Attendance Record (HS-18) will be completed for activities related to this program and submitted to the NH Highway Safety Agency along with request for reimbursement.

The recipient of these funds is encouraged to provide programs to encourage the use of safety belts by all drivers and passengers in motor vehicles (23 U.S.C. 1200.11(a)(d)) and to adopt and enforce seat belt use policies for employees operating company-owned, rented, or personally-owned vehicles when performing official business.

See attached Addenda for additional information that is hereby made a part of this contractual agreement.

NH HIGHWAY SAFETY AGENCY
78 Regional Drive, Building #2
Concord, NH 03301-8530

TIME AND ATTENDANCE RECORD

PROJECT NUMBER: ____________________ PROJECT TITLE: ____________________

DEPARTMENT: ____________________ DATE: ____________________

EMPLOYEE: ____________________ TITLE: ____________________

Date		Total Hours Worked	Hours Worked		Work Completed
Month	Day		On Project	On Other	
Total					Time Worked on Project ________%

Signature of Supervisor certifying time and attendance records in accordance with terms of approved contractual agreement:

____
Signature

Name: ____________________

Title: ____________________

FOR HSA USE ONLY

Total Hours ____________________

Hourly Rate x $____________________

Total Paid $____________________

% Federal ____________________

Total Requested $____________________

Time and Attendance Records must accompany all requests for reimbursement of personnel services and be submitted to the NH Highway Safety Agency.

HS-18 (1/10)

NH Highway Safety Agency
78 Regional Drive, Building #2
Concord, NH 03301-8530
Telephone 603-271-2131

ADDENDUM TO THE APPLICATION FOR HIGHWAY SAFETY PROJECT GRANT

PROJECT REPORTS: It is agreed that quarterly reports will be made to the NH Highway Safety Agency for one year summarizing the progress being made in implementing the project and identifying any problems being encountered. A final report will be made upon completion of the project. Monthly reports will be submitted within 20 days of the project termination date.

PROJECT TERMS: All purchases and expenditures under this project will be subject to audit procedures satisfactory to Federal regulations. It is understood that no monies provided under this project will be used for the replacement of any existing equipment which currently meets Federal Highway Safety Standards. If any existing equipment is sold or traded during the project period, in order to reduce the actual outlay of funds for equipment which is provided under this project, the proceeds will be applied in pro-rated amounts to the Federal and local shares of the costs of the project.

PROCUREMENT AND EQUIPMENT COST: State agencies receiving federal funds for the purchase of equipment are required to process orders through the Division of Plant and Property Management in accordance with state regulations. Items of equipment requiring testing and certification to verify their accuracy (i.e. breath testing devices and traffic control radar) must be selected from the State approved devices.

EQUIPMENT: Equipment acquired under this agreement for use in highway safety program areas shall be used and kept in operation for highway safety purposes by the State; or the State, by formal agreement with appropriate officials of a political subdivision or State agency, shall cause such equipment to be used and kept in operation for highway safety purposes (23 CRF 1200.21).

PROJECT INVENTORY: An inventory of each item of equipment having a useful life of more than two years and a cost of five thousand dollars ($5,000.00) or more will be provided to the NH Highway Safety Agency during the period in which it is in use. Before such equipment is disposed of, either by trade-in or write-off, authorization will be obtained from the Highway Safety Agency, acting as agent for the National Highway Traffic Safety Administration.

PROJECT CREDIT: All publications, public information or publicity released in conjunction with this project shall state that "this project is being supported in part through a grant from the NH Highway Safety Agency with federal funds provided by the National Highway Traffic Safety Administration, US Department of Transportation", or words to that effect.

AUDIT REPORTS: The grantee agrees to provide the NH Highway Safety Agency with a copy of the audit report including this project which was conducted under provisions of Circular A-133 - Audit of State and Local Governments and Non-Profit Organizations.

Certifications and Assurances

Section 402 Requirements (as amended by Pub. L. 112-141)
(a) The Governor is responsible for the administration of the State highway safety program through the NH Highway Safety Agency (NH RSA 238) which has adequate powers and is suitably equipped and organized (as evidenced by appropriate oversight procedures governing such areas as procurement, financial administration, and the use, management, and disposition of equipment) to carry out the program (23 USC 402(b) (1) (A)); (b) The political subdivisions of this State are authorized, under NH RSA 238:6, to carry out within their jurisdictions local highway safety programs which have been approved by the Governor and are in accordance with the uniform guidelines promulgated by the Secretary of Transportation (23 USC 402(b) (1) (B)); (c) At least 40 percent of all Federal funds apportioned to this State under 23 USC 402 for this fiscal year will be expended by or for the benefit of the political subdivision of the State in carrying out local highway safety programs in accordance with 23 USC 402(b) (1) (C), 402(h)(2), unless this requirement is waived in writing; (d) This State's highway safety program provides adequate and reasonable access for the safe and convenient movement of physically handicapped persons, including those in wheelchairs, across curbs constructed or replaced on or after July 1, 1976, at all pedestrian crosswalks throughout the state in accordance with 23 USC 402(b) (1) (D); (e) The State will implement activities in support of national highway safety goals to reduce motor vehicle related fatalities that also reflect the primary data-related crash factors within the State as identified by the State highway safety planning process, including: 1) National law enforcement mobilizations; 2) Sustained enforcement of statutes addressing impaired driving, occupant protection, and driving in excess of posted speed limits; 3) An annual statewide safety belt use survey in accordance with 23 CFR Part 1340 for the measurement of State safety belt use rates; 4) Development of statewide data systems to provide timely and effective data analysis to support allocation of highway safety resources. 5) Coordination of its highway safety plan, data collection, and information systems with the state strategic highway safety plan as defined in section 148 (a). (23 USC 402 (b) (1) (E)); (f) The State shall actively encourage all relevant law enforcement agencies in the State to follow the guidelines established for vehicular pursuits issued by the International Association of Chiefs of Police that are currently in effect. (23 USC 402 (j)). 6) The State will not expend Section 402 funds to carry out a program to purchase, operate, or maintain an automated traffic enforcement system. (23 U.S.C. 402(c)(4).

Other Federal Requirements

(g) All NH Highway Safety Agency employee's time which is charged to federal funds utilize Section 402 funds. All Time and Attendance charges from federal sources come from that single cost objective which brings the State of New Hampshire into compliance with the applicable federal regulation as stated in 2 CFR 225, Appendix B, h(3). An additional certification will be provided by the NH Highway Safety Agency each year in April in order to meet the federal requirement for biennial certification. (h) Cash drawdowns will be initiated only when actually needed for disbursement (49 CFR 18.20); cash disbursements and balances will be reported in a timely manner as required by NHTSA (49 CFR 18.21); the same standards of timing and amount, including the reporting of cash disbursement and balances, will be imposed upon any secondary recipient organizations (49 CFR 18.41); failure to adhere to these provisions may result in the termination of drawdown privileges. (i) The State has submitted appropriate documentation for review to the single point of contact designated by the Governor to review Federal programs, as required by Executive Order 12372 (Intergovernmental Review of Federal Programs); (j) Equipment acquired under this agreement for use in highway safety program areas shall be used and kept in operation for highway safety purposes by the State; or the State, by formal agreement with appropriate officials of a political subdivision or State agency, shall cause such equipment to be used and kept in operation for highway safety purposes (23 CFR 1200.21). (k) The State will comply with all applicable State procurement procedures and will maintain a financial management system that complies with the minimum requirements of 49 CFR 18.20; (l) The State's highway safety program has been specifically exempted from the provisions of Circular A-95 by the Governor of the State of New Hampshire. (m) Federal Funding Accountability and Transparency Act (FFATA). The State will comply with FFATA guidance, OMB Guidance on FFATA Subaward and Executive Compensation Reporting, August 27, 2010, (https://www.fsrs.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Reporting_08272010.pdf) by reporting to FSRS.gov for each sub-grant awarded. 1) Name of the entity receiving the award; 2) Amount of the award; 3) Information on the award including transaction type, funding agency, the North American Industry Classification System code or Catalog of Federal Domestic Assistance number (where applicable), program source; 4) Location of the entity receiving the award and the primary location of performance under the award, including the city, State, congressional district, and country, and an award title descriptive of the purpose of each funding action; 5) A unique identifier (DUNS); 6) The names and total compensation of the five most highly compensated officers of the entity if, of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity; (i) The entity in the preceding fiscal year received—(I) 80 percent or more of its annual gross revenues in Federal awards; and (II) $25,000,000 or more in annual gross revenues from Federal awards; and ii) The public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986; 7) Other relevant information specified by the Office of Management and Budget in subsequent guidance or regulation. (n) The State highway safety agency will comply with all Federal statutes and implementing regulations relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin (and 49 CFR Part 21); (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) and the Americans with Disabillties Act of 1990 (42 USC § 12101, *et seq.;* PL 101-336), which prohibits discrimination on the basis of disabilities (and 49 CFR Part 27); (d) the Age Discrimination Act of 1975, as amended (42U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970(P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse of alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; The Civil Rights Restoration Act of 1987, which provides that any portion of a state or local entity receiving federal funds will obligate all programs or activities of that entity to comply with these civil rights laws; (k) the requirements of any other nondiscrimination statute(s) which may apply to the application; and (l) the Civil Right Restoration Act of 1987 (Pub.L. 100-259) which requires Federal-aid recipients and all sub recipients to prevent discrimination and ensure non-discrimination in all programs and activities.

The Drug-Free Workplace Act of 1988(41 U.S.C. 8103)

In accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 702) and former Governor Judd Gregg's Executive Order No. 89-6, the State will provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; b. Establishing a drug-free awareness program to inform employees about: 1) The dangers of drug abuse in the workplace; 2) The grantee's policy of maintaining a drug-free workplace; 3) Any available drug counseling, rehabilitation, and employee assistance programs; and 4) The penalties that may be imposed upon employees for drug violations occurring in the workplace. c. Making it a requirement that each employee engaged in the performance of the grant be given a copy of the statement required by paragraph (a). d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will: 1) Abide by the terms of the statement; and 2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. e. Notifying the agency within ten days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted: 1) Taking appropriate personnel action against such an employee, up to and including termination; or 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency. g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f) above.

Buy America Act

The subgrantee will comply with the provisions of the Buy America Act (49 U.S.C. 5323(j)) which contains the following requirements: Only steel, iron and manufactured products produced in the United States may be purchased with Federal funds unless the Secretary of Transportation determines that such domestic purchases would be inconsistent with the public interest; that such materials are not reasonably available and of a satisfactory quality; or that inclusion of domestic materials will increase the cost of the overall project contract by more than 25 percent. Clear justification for the purchase of non-domestic items must be in the form of a waiver request submitted to and approved by the Secretary of Transportation.

Political Activity (Hatch Act)

The subgrantee will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

Certification Regarding Federal Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that: 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. 3. The undersigned shall require that the language of this certification be included in the award documents for all sub-award at all tiers (including subcontracts, subgrants, and contracts under grant, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Restriction on State Lobbying

None of the funds under this program will be used for any activity specifically designed to urge or influence a State or local legislator to favor or oppose the adoption of any specific legislative proposal pending before any State or local legislative body. Such activities include both direct and indirect (e.g., "grassroots") lobbying activities, with one exception. This does not preclude a State official whose salary is supported with NHTSA funds from engaging in direct communications with State or local legislative officials, in accordance with customary State practice, even if such communications urge legislative officials to favor or oppose the adoption of a specific pending legislative proposal.

Certification Regarding Debarment and Suspension

In accordance with the provision of 49 CFR Part 29, the State agrees that it shall not knowingly enter into any agreement under its Highway Safety Plan with a person or entity that is barred, suspended, declared ineligible, or voluntarily excluded from participation in the Section 402 program, unless otherwise authorized by NHTSA. The State further agrees that it will include a clause in all lower tier covered transactions and in solicitations for lower tier covered transactions.

Instructions for Primary Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below. 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default. 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. 5. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and coverage sections of 49 CFR Part 29. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations. 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction. 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the list of Parties Excluded from Federal Procurement and Non-procurement Programs. 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings. 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters-Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief, that its principals: a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency; b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property; c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. 2. Where the prospective primary participant is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Lower Tier Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below. 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment. 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. 4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meanings set out in the Definition and Coverage sections of 49 CFR Part 29. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations. 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated. 6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (See below) 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs. 8. Nothing contained in

the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings. 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions:

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. 2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Policy to Ban Text Messaging While Driving

In accordance with Executive Order 13513, Federal Leadership On Reducing Text Messaging While Driving, and DOT Order 3902.10, Text Messaging While Driving, States are encouraged to: 1. Adopt and enforce workplace safety policies to decrease crashes caused by distracted driving including policies to ban text messaging while driving: a) Company-owned or –rented vehicles, or Government-owned, leased or rented vehicles; or b) Privately-owned when on official Government business or when performing any work on behalf of the Government. 2. Conduct workplace safety initiatives in a manner commensurate with the size of the business, such as: a) Establishment of new rules and programs or re-evaluation of existing programs to prohibit text messaging while driving; and b) Education, awareness, and other outreach to employees about the safety risks associated with texting while driving.

Environmental Impact

The Governor's Representative for Highway Safety has reviewed the State's Fiscal Year highway safety planning document and hereby declares that no significant environmental impact will result from implementing this Highway Safety Plan. If, under a future revision, this Plan will be modified in such a manner that a project would be instituted that could affect environmental quality to the extent that a review and statement would be necessary, this office is prepared to take the action necessary to comply with the National Environmental Policy Act of 1969 (42 USC 4321 et seq.) and the implementing regulations of the Council on Environmental Quality (40 CFR Parts 1500-1517).

Policy on Seat Belt Use

In accordance with Executive Order 13043, Increasing Seat Belt Use in the United States, dated April 16, 1997, the Grantee is encouraged to adopt and enforce on-the-job seat belt use policies and programs for its employees when operating company-owned, rented, or personally-owned vehicles. The National Highway Traffic Safety Administration (NHTSA) is responsible for providing leadership and guidance in support of this Presidential initiative. For information on how to implement such a program, or statistics on the potential benefits and cost-savings to your company or organization, please visit the Buckle Up America section on NHTSA's website at www.nhtsa.dot.gov. Additional resources are available from the Network of Employers for Traffic Safety (NETS), a public-private partnership headquartered in the Washington, DC, metropolitan area, and dedicated to improving the traffic safety practices or employers and employees. NETS is prepared to provide technical assistance, a simple, user-friendly program kit, and an award for achieving the President's goal of 90 percent seat belt use. NETS can be contacted at 1 (888) 221-0045 or visit its website at www.trafficsafety.org.

NH Highway Safety Agency
78 Regional Drive, Building #2
Concord, NH 03301-8530
Telephone 603-271-2131

ADDENDUM TO THE APPLICATION FOR HIGHWAY SAFETY PROJECT GRANT

FEDERAL REGULATIONS

2 CFR Part 25 (formerly Circular A-87). This provides principles for determining the allowable costs of programs administered by State, local and federally-recognized Indian tribal governments under grants from and contracts with the Federal Government. They are designed to provide the basis for a uniform approach to the problem of determining costs and to promote efficiency and better relationships between grantees and the Federal Government. The principles are for determining costs only and are not intended to identify the circumstances nor to dictate the extent of Federal and State or local participation in the financing of a particular project. They are designed to provide that federally-assisted programs bear their fair share of costs recognized under these principles except where restricted and prohibited by law.

COMMON RULE (49 CFR Part 18) (Effective October 1988) This rule establishes the Uniform Administrative Requirements for Grants and Cooperative Agreements and Sub-awards to state and local governments and Indian tribal governments. Administrative rules set forth include:

18.10	Forms for Applying for Grants
18.11	State Plans
18.20	Standards for Financial Management Systems
18.21	Payment
18.22	Allowable Costs
18.23	Period of Availability of Funds
18.24	Matching or Cost Sharing
18.25	Program Income
18.26	Non-Federal Audits
18.30	Changes
18.31	Real Property
18.32	Equipment
18.33	Supplies
18.34	Copyrights
18.35	Sub-awards to Debarred and Suspended Parties
18.36	Procurement
18.37	Subgrants
18.40	Monitoring and Reporting Program Performance
18.41	Financial Reporting
18.42	Retention and Access Requirements for Records
18.50	Closeout

CIRCULAR A-133 (June 1997). This Circular establishes audit requirements for State and local governments that receive Federal aid, and defines Federal responsibilities for implementing and monitoring those requirements.

Further information concerning these Circulars may be obtained by contacting the Financial Management Branch, Budget Review Division, Office of Management & Budget, Washington, DC 20503. Telephone 202-395-4773.

FEDERAL FUNDING ACCOUNTABILITY & TRANSPARENCY ACT. *Data Universal Numbering System (DUNS) Numbers Requirement.* As the recipient of federal highway safety funds, the applicant agency must have a DUNS number. This is a unique nine-character number that identifies the applicant agency and is used by the federal government to track how federal funds are distributed. If the applicant agency is authorized to make sub-awards under this contract, it must: 1) notify potential sub-recipients that no entity may receive a sub-award unless that entity has provided the applicant agency with its DUNS number; and 2) the applicant agency may not make a sub-award to an entity unless the entity has provided its DUNS number to the applicant agency. (http://fedgov.dnb.com/webform)

Julie Glover

From: Roger Menear <rmenear@aol.com>
Sent: Monday, April 14, 2014 12:57 PM
To: townadministrator@leenh.org
Subject: Lee Public LIbrary and Community Center

Dear Lee Select Council; I will not be able to attend the hearing this evening but I did want to express my interest in the above project. I think the younger people in the town need a first rate library and I know I would appreciate a community center as a place to hold meetings and socialize with other Lee residents. I shall watch with interest the Board's decision. Very truly yours, Representative Roger Menear.

Julie Glover

From: Barbara Cascadden <bcascadden@comcast.net>
Sent: Monday, April 14, 2014 4:35 PM
To: townadministrator@leenh.org
Subject: LPLCC

I am disturbed to hear that renewal of the LPLCC committee has been tabled. I do not believe this reflects the desires of the majority of town residents. we have waited too long already for a new library and community center. Further delays are not fair to library users, staff, and trustees.

Barbara McNamee

Sent from my iPad

Julie Glover

From: lamorin@comcast.net
Sent: Sunday, April 13, 2014 10:57 PM
To: townadministrator@leenh.org
Subject: Thoughts on Select Board's decision to not renew Lee Public Library Community Center Committee

Dear Julie
I will not be able to attend this evening's Select Board meeting and am hoping you can share my email with the Board. Thank you.
Lisa Morin

Dear Selectman Cedarholm, Selectwoman Dennis and Selectman Bugbee

I've recently learned that the Select Board has chosen to table the renewal of the Lee Public Library Community Center Building Committee in order to authorize a new study of current town facilities. As an original member of the Town Center Committee established in 2007, I find the Board's decision to be perplexing. In 2007, I, along with other dedicated town employees, commission members and resident representatives, worked countless hours on a study of all town-owned buildings and land in a half-mile radius of the current Town Hall location to identify potential sites for the expansion of municipal facilities for administrative, recreational, cultural and community services. After a careful examination of several locations and service options, the Committee recommended that a new Library Community Center be constructed at the town-owned parcel formerly known as the Bricker property and that the existing Town Hall and Library facilities be renovated to allow for the expansion of town administrative services. Voters subsequently approved the Committee's recommendation at the Annual Town Meeting and authorized funding for the Lee Town Center Study, which was completed in 2009.

The 2009 Lee Town Center Study included an exhaustive study of the structural and programming deficiencies of the current Town Hall, Annex and Library facilities and outlined a phased schedule for the new construction of a Library Community Center, followed by the renovation of the current Town Hall and Library facilities. A public hearing was held on February 16, 2010 to review the Lee Town Center Study and voters approved a warrant article at Town Meeting requesting monies for the capital reserve fund to offset some of the future construction costs. Voters have approved warrant articles requesting additional capital reserve funds at each subsequent town meeting.

Given the historical timeline I've outlined above, you can imagine why I am frustrated that the Board feels the need to disregard the hard work and commitment of the original Town Center Committee. It's distressing to think that all the initiatives and efforts of the Committee as well as the Lee Public Library Community Center Committee are being disregarded. I'm having trouble understanding why the Board feels the need to conduct another study of town buildings when such a study is already available. Your action, or should I say, inaction, will only serve to delay the construction of the new Lee Public Library Community Center and the subsequent renovation of existing town facilities, very likely increasing the overall costs of the project.

I ask you to please reconsider your decision to table the renewal of the Lee Public Library Community Center Building Committee and allow this dedicated to group of citizens and town employees to move forward in their work to provide a facility that meets the educational, cultural and social needs of the Lee community for generations to come.

Sincerely,

Lisa Morin

105 Garrity Road

Lee, NH 03861

Julie Glover

From: Jim & Kathie Leitz <jkleitz@comcast.net>
Sent: Monday, April 14, 2014 8:50 AM
To: townadministrator@leenh.org
Subject: Renewal of the LPLCC Building Committee

To the Members of the Select Board,

Unsure of whether we can make the meeting tonight, we just wanted to say that we very much support the renewal of the LPLCC Building Committee, and are very much in favor of following the building plans for the town as they stand now.

Sincerely,

Jim and Kathie Leitz
3 Granger Drive
Lee Residents

Julie Glover

From: Simpson, Donna <donna.simpson@unh.edu>
Sent: Friday, April 11, 2014 12:24 PM
To: townadministrator@leenh.org
Subject: Lee Public Library Plan

Dear Select Board Members:

We write as long-term Lee community members to voice our strong support with moving forward with planning for a new Library Community Center. It is critical that the town not lose momentum for this long-overdue upgrade that will provide a wonderful facility for all town residents. We have traveled around the State of New Hampshire, often speaking at libraries in other towns where the residents have supported the building of new facilities that support a myriad of activities. A wonderful new Library Community Center such as this lifts the spirits of a town's citizens, provides opportunities not even envisioned, and is a source of pride for all.

We are glad to see our taxes used in such a positive way, and will be proud to be part of the generation that has the vision to make Lee an even better place in which to live.

Thank you for your consideration.

Robert and Donna Simpson
21 Mitchell Road
Lee, NH 03861

Julie Glover

From: Amy Daskal <amy.daskal@gmail.com>
Sent: Friday, April 11, 2014 6:04 AM
To: townadministrator@leenh.org
Subject: New Library

Delaying the start of the new library project will make it more expensive.
We support doing the project now.

Amy and Yuda Daskal

RECEIVED
APR 10 2014
TOWN OF LEE, NH
SELECTMAN'S OFFICE

U.S. Department of Homeland Security
Region I
99 High Street, 6th Floor
Boston, Massachusetts 02110

FEMA

April 9, 2014

David Cedarholm
Chairperson, Board of Selectmen
Town of Lee
7 Mast Road
Lee, New Hampshire 03861

Community: Town of Lee
Strafford County
New Hampshire
Community No.: 330148
Panels Affected: See FIRM Index

Re: Updated Preliminary Flood Insurance Rate Map (FIRM) and Updated Preliminary Flood Insurance Study (FIS) Report for Strafford County, New Hampshire

Dear Mr. Cedarholm:

The Federal Emergency Management Agency (FEMA) has revised the Flood Insurance Study (FIS) and Flood Insurance Rate Map (FIRM) for the coastal communities in Strafford County, New Hampshire. Enclosed for your information is one Preliminary copy of the revised products for your non-coastal community. Please note that there are no changes to flood hazard areas within your community. You are receiving these panels for informational purposes only.

If you have any questions regarding the necessary floodplain management measures for your community or the National Flood Insurance Program in general, we urge you to contact John Grace, FEMA Coastal Engineer, at (617) 832-4715.

Sincerely,

Richard Verville, Chief
Hazard Mitigation Assistance Branch
FEMA Region I

List of Enclosures:
DVD of Preliminary FIRM, FIS report, and SOMA

cc: Allan Dennis, Building Inspector, Town of Lee (hard copy and DVD)
Robert Smith, Chair, Planning Board, Town of Lee (w/o enclosures)
John Grace, CFM, Coastal Engineer, FEMA Region I (hard copy and DVD)
Jennifer Gilbert, CFM, State NFIP Coordinator, NH Office of Energy and Planning (hard copy and DVD)
Alex Sirotek, Regional Service Center, STARR Region I (w/o enclosures)
Fay Rubin, Project Manager, University of New Hampshire (w/o enclosures)

PRELIMINARY SUMMARY OF MAP ACTIONS

Community: LEE, TOWN OF Community No: 330148

To assist your community in maintaining the Flood Insurance Rate Map (FIRM), we have summarized below the previously issued Letter of Map Change (LOMC) actions (i.e., Letters of Map Revision (LOMRs) and Letters of Map Amendment (LOMAs)) that will be affected by the preparation of the enclosed revised FIRM panel(s).

1. LOMCs Incorporated

The modifications effected by the LOMCs listed below have been reflected on the Preliminary copies of the revised FIRM panels. In addition, these LOMCs will remain in effect until the revised FIRM becomes effective.

LOMC	Case No.	Date Issued	Project Identifier	Old Panel	New Panel
			NO CASES RECORDED		

2. LOMCs Not Incorporated

The modifications effected by the LOMCs listed below have not been reflected on the Preliminary copies of the revised FIRM panels because of scale limitations or because the LOMC issued had determined that the lot(s) or structure(s) involved were outside the Special Flood Hazard Area, as shown on the FIRM. These LOMCs will be revalidated free of charge 1 day after the revised FIRM becomes effective through a single revalidation letter that reaffirms the validity of the previous LOMCs.

LOMC	Case No.	Date Issued	Project Identifier	Old Panel	New Panel
LOMA	03-01-0724A	05/08/2003	5 LEE ROAD	330148_03B	33017C0315E

3. LOMCs Superseded

The modifications effected by the LOMCs listed below have not been reflected on the Preliminary copies of the revised FIRM panels because they are being superseded by new detailed flood hazard information or the information available was not sufficient to make a determination. The reason each is being superseded is noted below. These LOMCs will no longer be in effect when the revised FIRM becomes effective.

LOMC	Case No.	Date Issued	Project Identifier	Reason Determination Will be Superseded
			NO CASES RECORDED	

1. Insufficient information available to make a determination.
2. Lowest Adjacent Grade and Lowest Finished Floor are below the proposed Base Flood Elevation.
3. Lowest Ground Elevation is below the proposed Base Flood Elevation.
4. Revised hydrologic and hydraulic analyses.
5. Revised topographic information.

PRELIMINARY SUMMARY OF MAP ACTIONS

Community: LEE, TOWN OF   Community No: 330148

4. LOMCs To Be Redetermined

The LOMCs in Category 2 above will be revalidated through a single revalidation letter that reaffirms the validity of the determination in the previously issued LOMC. For LOMCs issued for multiple lots or structures where the determination for one or more of the lots or structures has changed, the LOMC cannot be revalidated through this administrative process. Therefore, we will review the data previously submitted for the LOMC requests listed below and issue a new determination for the affected properties after the effective date of the revised FIRM.

LOMC	Case No.	Date Issued	Project Identifier	Old Panel	New Panel
			NO CASES RECORDED		

Julie Glover

From: Tom Dronsfield <tdronsfield@leenhpolice.org>
Sent: Tuesday, April 15, 2014 6:14 AM
To: Julie Glover
Subject: Re: Bicycle Ride - Sunday Jun 8th - Lee

Julie/Arlon,

I do not see a need for a police detail here, as Arlon stated, they are usually spread out by the time they reach Lee. Thanks for the heads up though!

Regards,

Tom

On Mon, Apr 14, 2014 at 12:20 PM, Julie Glover <townadministrator@leenh.org> wrote:

Arlon: Chet Murch retired as of the end of March so I have copied our new chief, Tom Dronsfield. As in past years, the determination regarding special details will be up to the Chief. I will place this on the Board of Selectmen April 28th agenda, assuming that the Chief has no issues with this event.

Julie E. Glover

Town Administrator

Town of Lee

7 Mast Road

Lee, NH 03861

603-659-5414

From: arlonchaffee@gmail.com [mailto:arlonchaffee@gmail.com] **On Behalf Of** Arlon Chaffee
Sent: Monday, April 14, 2014 12:10 PM
To: Julie Glover
Cc: Chester W. Murch
Subject: Re: Bicycle Ride - Sunday Jun 8th - Lee

Julie - the 3rd Annual Raid Rockingham will take place on Sun Jun 8th. This is the dirt road ride that will pass through Lee. I am cc'ing Chief Murch here in case he has input.

We expect about 300 riders this year. The ride originates in Newmarket and I will be sending riders out in smaller groups every few minutes. By the time they reach Lee the riders will be spread out thinly - it should look like any other Sunday in Lee, with cyclists sharing the road with motorists. The route will enter Lee on Rt 152, from the West side of Rt 125. Riders will cross Rt. 125 and enter Demeritt Ave, on to Cartland & Lee Hill. Riders will then pass through Lee on Rt 155 and exit via Packers Falls.

I will explain to all riders that rules of the road are to be observed, with particular emphasis on the Rt 125 signal (I will have warning signage up as cyclists approach this intersection).

Due to the size and the nature of the event I don't believe a police detail would be required.

I will be requesting a Cert of Insurance with Town of Lee as Additional insured and will get that to you soon. Please let me know if you require additional information.

Please feel free to contact me if you have any questions or would like to discuss this event.

Thanks!

Arlon

On Fri, May 3, 2013 at 10:54 AM, Chester W. Murch <cmurch@leenhpolice.org> wrote:

Arlon,

The past few years we have had no complaints about this annual event and as long as the venue and rules remain the same I have no issues or problems with how things are going. Keep up the good work.

Chet Murch

From: arlonchaffee@gmail.com [mailto:arlonchaffee@gmail.com] **On Behalf Of** Arlon Chaffee
Sent: Friday, May 03, 2013 10:24 AM

To: Julie Glover
Cc: Chet Murch
Subject: Bicycle Ride - Sunday Jun 9th - Lee

Julie - the 2nd Annual Raid Rockingham will take place on Sun Jun 9th. This is the dirt road ride that will pass through Lee. I am cc'ing Chief Murch here in case he has input.

We expect about 200 riders this year. The ride originates in Newmarket and I will be sending riders out in smaller groups every few minutes. By the time they reach Lee the riders will be spread out thinly - it should look like any other Sunday in Lee, with cyclists sharing the road with motorists. The route will enter Lee on Rt 152, from the West side of Rt 125. Riders will cross Rt. 125 and enter Demeritt Ave, on to Cartland & Lee Hill. Riders will then pass through Lee on Rt 155 and exit via Packers Falls.

I will explain to all riders that rules of the road are to be observed, with particular emphasis on the Rt 125 signal (I will have warning signage up as cyclists approach this intersection).

Due to the size and the nature of the event I don't believe a police detail would be required.

I will be requesting a Cert of Insurance with Town of Lee as Additional insured and will get that to you soon. Please let me know if you require additional information.

Please feel free to contact me if you have any questions or would like to discuss this event.

Thanks!

Arlon

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Friends don't let friends ride slow

Arlon A. Chaffee
Big Wheel, LOCO Cycling, Inc.
PO Box 471
Newmarket NH 03857

State of New Hampshire

Board of Tax and Land Appeals

Michele E. LeBrun, Chair
Albert F. Shamash, Esq., Member
Theresa M. Walker, Member
Anne M. Stelmach, Clerk

Governor Hugh J. Gallen
State Office Park
Johnson Hall
107 Pleasant Street
Concord, New Hampshire
03301-3834

NOTICE TO ALL TAX COLLECTORS:

In accordance with the provisions of RSA 76:13, the Tax Collector shall notify the Board of Tax and Land Appeals, **in writing**, of the date on which the **final tax bill** was sent (tax bill that establishes the total tax liability – see RSA 76:1-a for definitions).

Please complete the information below indicating the date of mailing of the final tax bill covering taxes which were committed to you on the original property warrant for **2013** and **return** this form to the **Board of Tax and Land Appeals** at the above address by **May 1, 2014**.

MUNICIPALITY OF: Lee FINAL TAX BILL MAILED ON: 11/18/2013

Final tax bill, pursuant to RSA 76:1-a, means one of the following. Please check one.

___ Bill annually;

X Bill semiannually (pursuant to RSA 76:15-a);

___ Operating with an optional fiscal year (pursuant to RSA 31:94-a); or,

___ Special legislative act; and

___ Bill quarterly (pursuant to RSA 76:15-aa).

1/17/2014

Were any supplemental property warrants issued. Yes/No If yes, when 3/14/2014

Lynda B Bernhold
Signature of Tax Collector

CERTIFICATION

I hereby certify a copy of this Form has been provided to the Selectmen/Assessors.

Date: April 2, 2014

Lynda B Bernhold
Signature of Tax Collector

Rev. 1/14

TOWN of LEE
7 MAST RD, LEE, NH 03861
(603) 659-5414

Office Use Only
Meeting Date: April 28, 2014
Agenda Item No.

BOARD OF SELECTMEN
MEETING AGENDA REQUEST
4/28/2014

Agenda Item Title: Accrued Benefits Trust Shortage

Requested By: **Joanne Clancy, Finance Officer** **Date: 4/23/2014**

Contact Information: 659-5414, jclancy@leenh.org

Presented By: **Julie Glover, Town Administrator**

Description: **Reassign Severance Expenses to Adjust for Shortage**

Financial Details: $27,700.00

Legal Authority **NH RSA 32:10; RSA 91-A:4, I-a**

Legal Opinion:

REQUESTED ACTION OR RECOMMENDATIONS:

Request the Board of Selectmen approve expense reassignment (aka transfer) of $27,700.00 from line 1310 – Due from Accrued Benefits Trust to Police Dept. line 4210-W1, Sergeant Wages.

Essentially, funds are required for the payment of termination pay for former Police Chief Chet Murch and Police Sergeant Brian Huppe.

Details of shortage in Accrued Benefits and availability of Police Dept. funds are attached.
Police Chief Dronsfield is aware of and approves this request, also attached.

Town of Lee - Due to General Fund
Accrued Benefits Trust Fund Reimbursements
July 1, 2013 through April 22, 2014

Date	Num	Name	Memo	Amount
07/23/2013	8472	Hayes, Dawn C	Sick Time Severance	768.00
07/23/2013	8472	Hayes, Dawn C	Vacation Time Severance	2,740.80
08/02/2013	JTC - 1045		MC, SS & Retirement expense D. Hayes	646.33
02/28/2014	9300	Murch, Chester W	Sick Time Severance	15,136.00
02/28/2014	9300	Murch, Chester W	Vacation Time Severance	24,217.60
02/28/2014	JTC - 1058		MC & Retirement expense C. Murch	10,527.08
04/18/2014	9491	Huppe, Brian W	Sick Time Severance	1,052.40
04/18/2014	9491	Huppe, Brian W	Vacation Time Severance	5,051.52
04/18/2014	JTC - 1060		MC & Retirement expense B. Huppe	1,632.79
			TOTAL	61,772.52

4/22/2014	Accrued Benefits Trust Balance - approximate		35,641.51
	Due to General Fund		(61,772.52)
		SHORT	(26,131.01)

4/28/2014	Suggested budget lines to adjust for shortage:		
	4210-W1	C Murch adjustment	20,000.00
	4210-W1	B Huppe adjustment	7,700.00
		TOTAL	27,700.00

Town of Lee

Police Dept. - Proposed Severance Additions

July 1, 2013 through April 13, 2014

	Year to Date	Budget	Remaining Budget	11 Weeks More for FY	End of Year Projected Balance
4210 · Police Department					
4210-S1 · Police Chief Salary	61,745.24	78,706.00	-16,960.76	16,365.44	-595.32
4210-W1 · Sergeant Wages	79,995.63	109,455.00	-29,459.37	0.00	-29,459.37
4210-W2 · Senior Patrolman Wages	53,946.73	98,710.00	-44,763.27	20,178.00	-24,585.27
4210-W3 · Patrolman Wages	66,319.07	83,662.00	-17,342.93	29,475.00	12,132.07
4210-W4 · Police Secretary Wages	30,643.20	39,932.00	-9,288.80	8,640.00	-648.80
4210-W7 · Overtime	22,486.34	27,075.35	-4,589.01	9,000.00	4,410.99
4210-W8 · Holiday Wages	10,444.24	14,425.15	-3,980.91	2,328.56	-1,652.35
Total 4210 · Police Department	**325,580.45**	**451,965.50**	**-126,385.05**	**85,987.00**	**-40,398.05**

Suggested additional expense against budget line 4210-W1 C Murch severance	20,000.00
Suggested additional expense against budget line 4210-W1 B Huppe severance	7,700.00
	27,700.00

Projected payroll line balance at year end	-40,398.05
Suggested severance expenses	27,700.00
Adjusted Payroll Line Balance at Year End	**-12,698.05**

Joanne Clancy

From: Tom <tdronsfield@leenhpolice.org>
Sent: Wednesday, April 23, 2014 5:02 PM
To: Joanne Clancy
Subject: Re: Reassignment of Severance Pay

No worries, every little bit is going to help. We will be in good shape!

Thanks

Tom

Sent from my iPhone

On Apr 23, 2014, at 2:41 PM, "Joanne Clancy" <jclancy@leenh.org> wrote:

Hi Tom,

A second look at my spread sheet shows a balance of $12,698.05 if you use all your overtime, not the $20,000.00 I previously showed. Does this still work for you? Sorry I sent it prematurely.

Joanne

Joanne Clancy
Finance Officer
Town of Lee
603 659-5414

From: Tom Dronsfield [mailto:tdronsfield@leenhpolice.org]
Sent: Wednesday, April 23, 2014 1:36 PM
To: Joanne Clancy
Subject: Re: Reassignment of Severance Pay

Joanne,

This looks good, thanks for all of your help!

Tom

On Wed, Apr 23, 2014 at 1:22 PM, Joanne Clancy <jclancy@leenh.org> wrote:

Hi Tom,

We have discussed using Police Dept. payroll budget lines to cover some of the severance for the former Chief and your recently resigned Sergeant. I have worked up the proposal for the next BOS meeting of April 28 but wanted you to see and approve of it beforehand. I have attached a spreadsheet showing anticipated expenses and projected overage at year end. Would you look it over and let me know if this works for you? It looks like there should still be about $20,000.00 unexpended even if you use up all of the overtime line.

Thanks,

Joanne

Joanne Clancy

Finance Officer

Town of Lee

603 659-5414

--

Tom Dronsfield
Chief of Police
Accreditation Manager
Lee, NH Police Department
603-659-5866
603-842-2303

<Brian and Chet Severance.xlsx>

U.S. Department of Homeland Security
FEMA Region I
99 High Street, 6th Floor
Boston, Massachusetts 02110

FEMA

April 18, 2014

David Cedarholm
Chairperson, Board of Selectmen
Town of Lee
7 Mast Road
Lee, New Hampshire 03861

Re: Updated Coastal Flood Insurance Rate Maps – Announcement for the Strafford County Meeting on Thursday, May 8, 2014

Dear Mr. Cedarholm:

We would like to invite you to the Consultation Coordination Officer's (CCO) Meeting on Thursday, May 8, 2014 where we will discuss the updated Preliminary Flood Insurance Rate Map (FIRM) panels and Flood Insurance Study (FIS) for Strafford County. This meeting is being held to describe the map review process and address your initial questions regarding the flood hazard data that were released on April 9, 2014. The meeting will be conducted by the Federal Emergency Management Agency (FEMA) Region I, the New Hampshire Office of Energy and Planning, and the Earth Systems Research Center at the University of New Hampshire (UNH), a mapping contractor to FEMA.

Please feel free to pass this invitation along to other community officials who would benefit from this meeting. The meeting has been scheduled for:

Thursday, May 8, 2014
2:30 PM to 4:30 PM
Dover City Hall Auditorium
288 Central Avenue
Dover, NH 03820

Parking is available either at metered spaces on Central Avenue, or in the public parking lot behind the Dover Public Library, 73 Locus St., Dover (one block behind City Hall).

In the next two weeks, your community's floodplain manager will be notified by FEMA via email about an upcoming webinar that will provide more details about the CCO Meeting. The webinar will be hosted by FEMA, and is intended to provide you with an overview of the CCO Meeting agenda, including what FEMA will be presenting to you and what we hope to learn from you during the meeting.

At the subsequent CCO Meeting, we will discuss how the Preliminary Strafford County FIRMs and FIS report were developed, and the process of reviewing and changing data where appropriate. The meeting is particularly relevant to planning staff, zoning administrators, building inspector/code enforcement officers, as well as your flood hazard administrative officer.

Subsequent to the CCO Meeting, we will initiate a statutory 90-day comment and appeal period. Your community should review the FIRM and FIS in detail, and identify any changes with labeling (i.e., road names) as well as any areas where they may have questions regarding the flood data. Changes in the Base Flood Elevations (BFE) or the extent of the Special Flood Hazard Area (SFHA) are subject to formal appeal. Your community will receive a letter approximately two weeks before the start of the 90-day appeal period, which will detail the appeal process. The letter will contain information regarding the notification to be published in local newspapers and will provide the first and second publication dates. The appeal period will start on the second publication date. Additional instructions concerning the 90-day appeal period will be provided during the CCO Meeting. During the appeal period, community officials and/or other interested parties may submit scientific or technical information that would serve to refute the proposed or proposed modified information on the FIRM.

We encourage you to review the text in the FIS report as it pertains to your community and welcome your suggestions for updating or revising the text. If possible, please become familiar with the Preliminary FIRMs as well as the FIS report prior to the meeting so that we may discuss your comments and questions. Community comments are an important part of our mapping process and will be carefully considered before the Strafford County FIRMs and FIS report are published in final form.

All comments and appeals received through the end of the 90-day appeal period will be considered and incorporated as appropriate. Following the resolution of all comments and appeals, FEMA will issue a Letter of Final Determination (LFD). When FEMA issues the LFD, the community must adopt the new FIRM panels and FIS within 6 months in order to remain in good standing with the National Flood Insurance Program (NFIP).

The State coordinating office will be working closely with your community during the compliance phase to ensure that the local floodplain management ordinance is brought up to current standards. Your community should coordinate with Jennifer Gilbert, State NFIP Coordinator with NH Office of Energy and Planning, regarding flood hazard area regulations and the process to update the municipality's ordinance/bylaws. Jennifer can be reached by email at jennifer.gilbert@nh.gov or by telephone at (603) 271-2155. Also available to answer questions is John Grace, FEMA Coastal Engineer, available by email at john.grace@fema.dhs.gov or by telephone at (617) 832-4715.

Please RSVP and send any questions or requests for additional information to Fay Rubin, UNH Project Manager, by email at fay.rubin@unh.edu or by telephone at (603) 862-4240. We appreciate your cooperation in this matter and look forward to meeting with you.

Sincerely,

Richard Verville, Chief
Hazard Mitigation Assistance Branch
FEMA Region I

cc: Allan Dennis, Building Inspector, Town of Lee
Robert Smith, Chair, Planning Board, Town of Lee
John Grace, CFM, Coastal Engineer, FEMA Region I
Jennifer Gilbert, CFM, State NFIP Coordinator, NH Office of Energy and Planning
Alex Sirotek, Regional Service Center, STARR Region I
Fay Rubin, Project Manager, University of New Hampshire