

2008

Open to Public Inspection

Short Form Return of Organization Exempt From Income Tax

Form 990-EZ

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 2008, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: SOUTHCOAST HOSPITALS GROUP Activities Committee, Inc. D Employer identification number: 04-3559236. E Telephone number: ( ) . F Group Exemption Number: .

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

G Accounting method: Cash [ ], Accrual [X]. Other (specify):

I Website:

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

J Organization type (check only one): [X] 501(c)(4) (insert no) [ ] 4947(a)(1) or [ ] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 60,465

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes handwritten entries for revenue total (60,465), expenses total (58,206), and net assets total (17,101).

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

(See the instructions for Part II)

Table with 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Includes entries for Cash, Land and buildings, Total assets, Total liabilities, and Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421

Form 990-EZ (2008)

SCANNED JUL 07 2010

p 13

Provide activities to promote the social + cultural

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

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

- 28 Musical Prog: 3 events for children + adults for approx 211 residents of Southeast area, encouraging social + cultural welfare as well as musical appreciation in community we serve... 29 Theatre Prog: 5 events for children + adults for approx 610 residents of Southeast area, encouraging social + cultural welfare + theatre appreciation in community we serve... 30 Sporting Prog: 3 programs for children + adults for approx 496 Southeast residents, promoting social, cultural welfare, sportsmanship + physical fitness in our communities... 31 Other program services (attach schedule)

Table with 2 columns: Line Number, Expense Amount. Rows: 28a 11,038; 29a 25,462; 30a 2,515; 31a 19,046; 32 58,061

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Row 1 contains handwritten entry: See attached, with zeros in compensation and contribution columns.

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

|            |   | Yes | No |
|------------|---|-----|----|
| <b>33</b>  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  |     | X  |
| <b>34</b>  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  |     | X  |
| <b>35</b>  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  |     |    |
| <b>35a</b> | a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  |     | X  |
| <b>35b</b> | b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?   |     |    |
| <b>36</b>  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N  |     | X  |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____  |     |    |
| <b>37b</b> | b Did the organization file <b>Form 1120-POL</b> for this year?   |     | X  |
| <b>38a</b> | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?   |     | X  |
| <b>38b</b> | b If "Yes," complete Schedule L, Part II and enter the total amount involved  |     |    |
| <b>39</b>  | Section 501(c)(7) organizations. Enter  |     |    |
| <b>39a</b> | a Initiation fees and capital contributions included on line 9  |     |    |
| <b>39b</b> | b Gross receipts, included on line 9, for public use of club facilities   |     |    |
| <b>40a</b> | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____  |     |    |
| <b>40b</b> | b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I  |     | X  |
| <b>40c</b> | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____  |     |    |
| <b>40d</b> | d Enter amount of tax on line 40c reimbursed by the organization ▶ _____  |     |    |
| <b>40e</b> | e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  |     | X  |
| <b>41</b>  | List the states with which a copy of this return is filed ▶ <u>MA</u>   |     |    |
| <b>42a</b> | The books are in care of ▶ <u>A.J. Belanger</u> Telephone no. ▶ <u>(508) 995-5505</u><br>Located at ▶ <u>7 Court Rd. Freeborn, MA</u> ZIP + 4 ▶ <u>02717-1613</u>   |     |    |
| <b>42b</b> | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country ▶ _____ |     | X  |
| <b>42c</b> | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>  |     | X  |
| <b>42c</b> | c At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country: ▶ _____  |     | X  |
| <b>43</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> _____   |     |    |
| <b>44</b>  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X  |
| <b>45</b>  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | Yes | No |
|-----|-----|----|
| 46  |     |    |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
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|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000 ▶          |  |                  |   |  |

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

| (a) Name and address of each independent contractor paid more than \$100,000  | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of other independent contractors each receiving over \$100,000 ▶ |                     |                  |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** Signature of officer: *Alane-Jeanne Belanger* Date: *15/12/10*  
 Type or print name and title: *Alane-Jeanne Belanger, ASST. TREASURER*

**Paid Preparer's Use Only** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

*Southeast Hospital Group Antitrust Committee Inc*

Employer identification number

*04-2559236*

*Late filing:*

*Computer (volunteer error) crash & information had to  
be recalculated. Deaths in family illnesses  
delayed progress of getting things done.*

**SOUTHCOAST HOSPITALS GROUP ACTIVITIES COMMITTEE, INC.**

**Schedule of Expenses  
Federal ID# 04-3559236  
2008**

Form 990EZ pg 1, part I, line 16

**Program:**

|                                   |           |               |
|-----------------------------------|-----------|---------------|
| Event Expenses                    | \$        | 51,817        |
| Children's Holiday Party expenses |           | 5,382         |
| Postage, shipping, etc.           |           | 12            |
| Donations for Scholarships        |           | 750           |
| Donations for Memorial Bldg       |           | 100           |
| <b>Total Program Expenses</b>     | <b>\$</b> | <b>58,061</b> |

**Management and General:**

|  |           |            |
|--|-----------|------------|
| Meetings, office, etc.                       | \$        | 145        |
| <b>Total Management and General Expenses</b> | <b>\$</b> | <b>145</b> |

**Total Expenses** \$ **58,206**

08/14/07 - ajb

**SOUTHCOAST HOSPITALS GROUP ACTIVITIES COMMITTEE, INC.**

**Schedule of Liabilities  
Federal ID# 04-3559236  
2008**

**Liabilities:**

|                                |           |              |
|--------------------------------|-----------|--------------|
| Accrued Expenses, Escrow, Etc. | \$        | 6,394        |
| Deferred Net Revenue           |           | -            |
|                                |           | -----        |
| <b>Total Liabilities</b>       | <b>\$</b> | <b>6,394</b> |
|                                |           | =====        |

**SOUTHCOAST HOSPITALS GROUP ACTIVITIES COMMITTEE, INC.**

**Statement of Program Service Accomplishments**

**Federal ID# 04-3559236**

**2008**

Form 990EZ pg 2, part III, line 31

**Program Events:**

|   |    |        |
|---|----|--------|
| 3 children's holiday parties serving 610 children & adults  | \$ | 5,382  |
| 2 each art/craft showings & nutrition/culinary events , approx 40<br>artists/crafters/nutritionists with 365 guests |    | 271    |
| 6 bus trips (zoo, museum, nature) serving approx 556 children & adults  |    | 12,543 |
| Donations for Scholarships (5 @ \$150 )   |    | 750    |
| Donation for Memorial Bldg  |    | 100    |
|   |    | -----  |

|                                     |           |               |
|-------------------------------------|-----------|---------------|
| <b>Total Other Program Expenses</b> | <b>\$</b> | <b>19,046</b> |
|                                     |           | =====         |

**\*\* All programs and events provided to promote and encourage the social, educational, and cultural welfare of the community we serve.**



**SOUTHCOAST HOSPITALS GROUP ACTIVITIES COMMITTEE, INC.**

**Federal ID# 04-3559236**

**2008**

| <u>Officers</u>                              | <u>Residential Address</u>                   | <u>Term Expires</u> |
|--|--|---------------------|
| President<br>Richard Branco                  | 134 Miller's Lane<br>Somerset, MA 02726      | 12/08               |
| Treasurer<br>Lorraine Audet                  | 266 New Boston Road<br>Fall River, MA 02720  | 12/08               |
| Assistant Treasurer<br>Alana-Jeanne Belanger | 7 County Road<br>East Freetown, MA 02717     | 12/08               |
| Clerk<br>Nancy Blythe                        | 171 Ratcliffe Street<br>Fall River, MA 02720 | 12/08               |
| <br><u>Directors/Officers</u>                |  |                     |
| Richard Branco                               | 134 Miller's Lane<br>Somerset, MA 02726      | 12/08               |
| Alana-Jeanne Belanger                        | 7 County Road<br>East Freetown, MA 02717     | 12/08               |
| Heidi Hacking                                | 233 Adams Street<br>Fairhaven, MA 02719      | 12/08               |
| Lorraine Audet                               | 266 New Boston Road<br>Fall River, MA 02720  | 12/08               |
| Patricia Veronneau                           | 8 Hunter Street<br>Acushnet, MA 02743        | 12/08               |
| Nancy Blythe                                 | 171 Ratcliffe Street<br>Fall River, MA 02720 | 12/08               |

**\*\* NO salaries paid - all volunteers**