

2006 TAX RETURN

CLIENT COPY

**Client:** FRNDSGHG

**Prepared for:** FRIENDS OF THE FIRST COMPANY  
GOVERNOR'S HORSE GUARDS INC  
P O BOX 280894  
EAST HARTFORD, CT 06128-0894  
860-282-0891

**Prepared by:** KENNETH A. NELSON  
KENNETH A. NELSON CPA LLC  
42 CONNECTICUT BLVD.  
EAST HARTFORD, CT 06108-0894  
(860) 282-0891

**Date:** MAY 4, 2007

**Comments:**

**Route to:** \_\_\_\_\_

**2006 Exempt Org. Return**  
prepared for:

**FRIENDS OF THE FIRST COMPANY  
GOVERNOR'S HORSE GUARDS INC**  
P O BOX 280894  
EAST HARTFORD, CT 06128-0894

**Kenneth A. Nelson CPA LLC**  
42 Connecticut Blvd.  
East Hartford, CT 06108-0894

**KENNETH A. NELSON CPA LLC**  
42 CONNECTICUT BLVD.  
EAST HARTFORD, CT 06108-0894  
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Client FRNDSGHH  
May 4, 2007

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**FRIENDS OF THE FIRST COMPANY**  
**GOVERNOR'S HORSE GUARDS INC**  
P O BOX 280894  
EAST HARTFORD, CT 06128-0894  
860-282-0891

**FEDERAL FORMS**

Form 990-EZ  
Schedule A  
Form 8879-EO

2006 Return of Organization Exempt from Income Tax  
Organization Exempt Under Section 501(c)(3)  
IRS e-file Signature Authorization

**FEE SUMMARY**

Preparation Fee

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FRIENDS OF THE FIRST COMPANY  
GOVERNOR'S HORSE GUARDS INC

20-3454465

	2006	2005	DIFF
<b>FORM 990-EZ REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	200	0	200
NET INCOME (LOSS) - SPECIAL EVENTS.....	31,933	32,171	-238
TOTAL REVENUE.....	32,133	32,171	-38
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	8,000	0	8,000
OTHER EXPENSES.....	501	500	1
TOTAL EXPENSES.....	8,501	500	8,001
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR.....	23,632	31,671	-8,039
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	0	0	0
NET ASSETS/FUND BAL. AT END OF YEAR.....	23,632	31,671	-8,039

**2006**

**GENERAL INFORMATION**  
**FRIENDS OF THE FIRST COMPANY**  
**GOVERNOR'S HORSE GUARDS INC**

**PAGE 1**

20-3454465

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-EZ, SCH A

**CARRYOVERS TO 2007**

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### **PRIOR TO TRANSMISSION OF THE RETURN**

#### **FORM 990-EZ**

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### **PAPERLESS E-FILE**

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

### **AFTER TRANSMISSION OF THE RETURN**

#### **RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

**KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.**

#### **DO NOT MAIL:**

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

**PROJECTED SUPPORT SCHEDULE FOR 2007**

THIS WORKSHEET PROJECTS IF THE ORGANIZATION WILL MEET THE SUPPORT TEST FOR THE TAX YEAR 2007 BASED ON THE DATA ENTERED IN SCREEN 55 FOR THE COLUMN 2006 .

SUPPORT ITEMS	2006 (A)	2005 (B)	2004 (C)	2003 (D)	TOTAL (E)
15. GIFTS, GRANTS, AND CONTRIBUTIONS					0.
16. MEMBERSHIP FEES RECEIVED					0.
17. GROSS RECEIPTS FROM ADMISSIONS, MERCHANDISE SOLD OR SERVICES PERFORMED, OR FURNISHING OF FACILITIES IN ANY ACTIVITY THAT IS RELATED TO THE ORGANIZATION'S CHARITABLE PURPOSE	54,850.				54,850.
18. GROSS INCOME FROM INTEREST, DIVIDENDS, SAMOUNT RECEIVED FROM PAYMENTS ON SECURITIES LOANS, RENTS, ROYALTIES, AND UNRELATED BUSINESS TAXABLE INCOME FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER 6/30/1975					0.
19. NET INCOME FROM UNRELATED BUSINESS ACTIVITIES NOT INCLUDED IN LINE 18					0.
20. TAX REVENUES LEVIED FOR THE ORGANIZATION'S BENEFIT AND EITHER PAID TO IT OR EXPENDED ON ITS BEHALF					0.
21. THE VALUE OF SERVICES OR FACILITIES FURISHED TO THE ORGANIZATION BY A GOVERNMENTAL UNIT WITHOUT CHARGE. DO NOT INCLUDE THE VALUE OF SERVICES OR FACILITIES GENERALLY FURNISHED TO THE PUBLIC WITHOUT CHARGE					0.
22. OTHER INCOME. DO NOT INCLUDE GAIN (OR LOSS) FROM SALE OF CAPITAL ASSETS					0.
23. TOTAL OF LINES 15 THROUGH 22	54,850.	0.	0.	0.	54,850.
24. LINE 23 MINUS LINE 17	0.	0.	0.	0.	0.
25. ENTER 1% OF LINE 23	549.	0.	0.	0.	
<b>ORGANIZATIONS DESCRIBED ON LINE 12:</b>					
27A. TOTAL AMOUNTS FROM LINES 15, 16, AND 17 FROM DISQUALIFIED PERSONS					0.
27B. LINE 17 AMOUNTS FROM DISQUALIFIED PERSONS LARGER THAN LINE 25 OR \$5,000					0.
27C. AMOUNTS FROM COLUMN (E) FOR LINES 15, 16, 17, 20, AND 21					54,850.
27D. TOTAL OF LINES 27A AND 27B					0.
27E. PUBLIC SUPPORT (LINE 27C MINUS LINE 27D)					54,850.
27F. TOTAL SUPPORT FOR SECTION 509(A) (2) TEST (LINE 23, COLUMN (E))					54,850.
<b>27G. PUBLIC SUPPORT PERCENTAGE (LINE 27E DIVIDED BY LINE 27F)</b>					<b>100.00%</b>
<b>27H. INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E)) DIVIDED BY LINE 27F)</b>					<b>0.00%</b>

**SPECIAL EVENTS**  
**GROSS RECEIPTS**

HORSE SHOW ADS.....	\$	10,965.
ENTRY FEES.....		5,705.
FOOD SALES.....		954.
PARKING FEES.....		551.
SAY NAY TO DRUGS PRGM.....		400.
PUTTING CONTEST.....		190.
PLATINUM SPONSOR.....		1,000.
TEE SPONSOR.....		2,825.
SILVER SPONSOR.....		1,250.
LUNCH SPONSOR.....		1,000.
BREAKFAST SPONSOR.....		600.
RAFFLE INCOME.....		5,570.
GOLF FOURSOMES.....		20,700.
OLD TIMERS NITE.....		2,940.
TOTAL	\$	<u>54,650.</u>

**SPECIAL EVENTS**  
**EXPENSES**

SHIRTS & HATS.....	\$	2,764.
PRO SHOP ITEMS.....		2,050.
INVITATIONS.....		104.
TEE SIGNS.....		686.
BROCHURES.....		798.
PHOTOGRAPHY.....		35.
MISCELLANEOUS.....		607.
HOLE IN INSURANCE.....		317.
GRATUITIES.....		55.
FOOD.....		2,944.
CREDIT CARD FEES.....		108.
COURSE FEES & FOOD.....		11,970.
CHECK ORDER.....		68.
BANK CHARGES.....		29.
WEB PAGE HOSTING.....		143.
POSTAGE.....		39.
TOTAL	\$	<u>22,717.</u>



**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2006, or fiscal year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_.

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

**2006**

Department of the Treasury  
Internal Revenue Service

**Return ID** (20-digit number) ▶ 06235320071240900005

Name of exempt organization  
**FRIENDS OF THE FIRST COMPANY  
GOVERNOR'S HORSE GUARDS INC**

**Employer identification number**  
20-3454465

Name and title of officer  
**KENNETH A NELSON** **TREASURER**

**Part I Tax Return and Return Information** (Whole dollars only)

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

<b>1a Form 990</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990, line 12) . . . . .	<b>1b</b>	
<b>2a Form 990-EZ</b> check here. . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	32,133.
<b>3a Form 1120-POL</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	
<b>4a Form 990-PF</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Tax Based on Investment Income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b>	
<b>5a Form 8868</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize KENNETH A. NELSON CPA LLC to enter my PIN 44651 as my signature  
ERO firm name do not enter all zeros

on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. . . . . 06235305561  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2006, or fiscal year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_.

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

**2006**

Department of the Treasury  
Internal Revenue Service

**Return ID** (20-digit number) ▶ 06235320071240900005

Name of exempt organization  
**FRIENDS OF THE FIRST COMPANY  
GOVERNOR'S HORSE GUARDS INC**

**Employer identification number**  
20-3454465

Name and title of officer  
**KENNETH A NELSON** **TREASURER**

**Part I Tax Return and Return Information** (Whole dollars only)

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

<b>1a Form 990</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990, line 12). . . . .	<b>1b</b>	
<b>2a Form 990-EZ</b> check here. . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990-EZ, line 9). . . . .	<b>2b</b>	32,133.
<b>3a Form 1120-POL</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22). . . . .	<b>3b</b>	
<b>4a Form 990-PF</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Tax Based on Investment Income</b> (Form 990-PF, Part VI, line 5). . . . .	<b>4b</b>	
<b>5a Form 8868</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c). . . . .	<b>5b</b>	

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Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. . . . . 06235305561  
do not enter all zeros

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ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

**2006**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2006 calendar year, or tax year beginning , 2006, and ending ,**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input checked="" type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b></p> <p>FRIENDS OF THE FIRST COMPANY              GOVERNOR'S HORSE GUARDS INC              P O BOX 280894              EAST HARTFORD, CT 06128-0894</p>	<p><b>D</b> Employer identification number 20-3454465</p> <p><b>E</b> Telephone number 860-282-0891</p> <p><b>F</b> Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I Website:** ▶ N/A

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

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 54,850.

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

	<b>1</b> Contributions, gifts, and similar amounts received	<b>1</b>	200.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	54,650.
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	22,717.
	<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	SEE STATEMENT 1 31,933.
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	32,133.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	SEE STATEMENT 2 8,000.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ _____)	<b>16</b>	SEE STATEMENT 3 501.
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	8,501.
	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	23,632.
ASSETS	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	0.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	23,632.

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

(See Instructions)

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments		<b>22</b>	26,632.
<b>23</b> Land and buildings		<b>23</b>	
<b>24</b> Other assets (describe ▶ _____)		<b>24</b>	
<b>25 Total assets</b>	0.	<b>25</b>	26,632.
<b>26 Total liabilities</b> (describe ▶ SEE STATEMENT 4)	0.	<b>26</b>	3,000.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0.	<b>27</b>	23,632.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	SEE STATEMENT 6		
	(Grants \$ 8,000.) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	
29			
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(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 and deferred compensation	(E) Expense account and other allowances
RICHARD BELLIVEAU 747 FARMINGTON AVENUE NEW BRITAIN, CT 06063	PRESIDENT 0	0.	0.	0.
RICHARD ST. PIERRE 1 GREAT OAK LANE UNIONVILLE, CT 06085	VICE PRESIDENT 0	0.	0.	0.
KENNETH A. NELSON 45 ROBIN ROAD FARMINGTON, CT 06032	TREASURER 0	0.	0.	0.
WILLIAM J COWELL 85 WEST DISTRICT ROAD FARMINGTON, CT 06032	SECRETARY 0	0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)	SEE STATEMENT 7	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a 0.	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

**Part V Other Information** (Note the statement requirement in the instructions) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.

**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
<b>40b</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.

**d** Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....

	Yes	No
<b>40e</b>		X

**41** List the states with which a copy of this return is filed ▶ NONE

**42 a** The books are in care of ▶ KENNETH A NELSON Telephone no. ▶ 860-282-0891  
 Located at ▶ P O BOX 280894, EAST HARTFORD CT ZIP + 4 ▶ 06128-0894

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: .. ▶

	Yes	No
<b>42b</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? ..  
 If 'Yes,' enter the name of the foreign country: .. ▶

	Yes	No
<b>42c</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

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.

**Please Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ KENNETH A NELSON TREASURER  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ NON-PAID PREPARER	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no. ▶	

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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2006**

Name of the organization **FRIENDS OF THE FIRST COMPANY  
GOVERNOR'S HORSE GUARDS INC** Employer identification number **20-3454465**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>                    N/A                    </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	X
<b>b</b> Did the organization make any taxable distributions under section 4966?	4b	X
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year. . . . ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. . . . ▶ _____		
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶ _____		

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					0.

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



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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					0.
<b>16</b> Membership fees received. . . . .					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose. . . . .					0.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. . . . .					0.
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. . . . .					0.
<b>23</b> Total of lines 15 through 22. . . . .					0.
<b>24</b> Line 23 minus line 17. . . . .					0.
<b>25</b> Enter 1% of line 23. . . . .					
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24. . . . .	N/A				<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. . . . .					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e). . . . .					<b>26c</b>
<b>d</b> Add: Amounts from column (e) for lines: <b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total). . . . .					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)). . . . .					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
<b>c</b> Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____					<b>27c</b> 0.
<b>d</b> Add: Line 27a total. . . . . 0. and line 27b total. . . . . 0.					<b>27d</b> 0.
<b>e</b> Public support (line 27c total minus line 27d total). . . . .					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . . ▶ <b>27f</b>					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . .					<b>27g</b> 0. %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . .					<b>27h</b> 0. %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

N/A

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

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

N/A

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying).....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37).....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures.....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39).....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000..... 20% of the amount on line 40.....		
	Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000.....		
	Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000.....	<b>41</b>	
	Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000.....		
	Over \$17,000,000..... \$1,000,000.....		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41).....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount.....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).....					
<b>47</b> Total lobbying expenditures.....					
<b>48</b> Grassroots non-taxable amount.....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)).....					
<b>50</b> Grassroots lobbying expenditures.....					

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

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers.....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .).....			
<b>c</b> Media advertisements.....			
<b>d</b> Mailings to members, legislators, or the public.....			
<b>e</b> Publications, or published or broadcast statements.....			
<b>f</b> Grants to other organizations for lobbying purposes.....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body.....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .).....			

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

- (i)** Cash
- (ii)** Other assets
- b** Other transactions:
  - (i)** Sales or exchanges of assets with a noncharitable exempt organization
  - (ii)** Purchases of assets from a noncharitable exempt organization
  - (iii)** Rental of facilities, equipment, or other assets
  - (iv)** Reimbursement arrangements
  - (v)** Loans or loan guarantees
  - (vi)** Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1  
 FORM 990-EZ, PART I, LINE 6  
 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
	54,650.	0.	54,650.	22,717.	31,933.
TOTAL	<u>\$ 54,650.</u>	<u>\$ 0.</u>	<u>\$ 54,650.</u>	<u>\$ 22,717.</u>	<u>\$ 31,933.</u>

STATEMENT 2  
 FORM 990-EZ, PART I, LINE 10  
 GRANTS AND SIMILAR AMOUNTS PAID

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: 1ST CO. GOVERN'S HORSE GUARDS  
 DONEE'S ADDRESS: WEST AVON ROAD  
 AVON, CT 06001

AMOUNT GIVEN:	\$	8,000.
TOTAL CASH GRANTS AND ALLOCATIONS		<u>\$ 8,000.</u>
TOTAL GRANTS AND SIMILAR AMOUNTS PAID		<u>\$ 8,000.</u>

STATEMENT 3  
 FORM 990-EZ, PART I, LINE 16  
 OTHER EXPENSES

FILING FEES.....	\$	500.
ROUNDING ADJUSTMENT.....		1.
TOTAL		<u>\$ 501.</u>

STATEMENT 4  
 FORM 990-EZ, PART II, LINE 26  
 TOTAL LIABILITIES

	BEGINNING	ENDING
LOANS-OFFICERS, DIRECTORS, ETC.....	\$ 0.	\$ 3,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 3,000.</u>

**STATEMENT 5  
 FORM 990-EZ, PART III  
 ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986 AS NOW ENACTED OR HEREAFTER AMENDED, INCLUDING FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT ALSO QUALIFY AS SECTION 501(C) (3) EXEMPT ORGANIZATIONS. TO THIS END, THE FRIENDS OF THE FIRST COMPANY GOVERNOR'S HORSE GUARDS, INC., SHALL BE ORGANIZED AND OPERATED TO PRESERVE AND ENHANCE THE HISTORICAL SIGNIFICANCE THE FIRST COMPANY GOVERNOR'S HORSE GUARDS, OF THE ORGANIZED MILITIA OF THE STATE OF CONNECTICUT, AND TO SUPPLEMENT THE BUDGET OF THE ORGANIZATION FOR THE CARE AND WELL BEING OF THE HORSES AND MAINTENANCE OF TACK, EQUIPMENT AND

**STATEMENT 6  
 FORM 990-EZ, PART III, LINE 28  
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
TO SUPPLEMENT THE BUDGET OF THE FIRST COMPANY GOVERNOR'S HORSE GUARDS FOR THE CARE AND WELL BEING OF THE HORSES AND MAINTENANCE OF TACK, EQUIPMENT AND UNIFORMS OF THE ALL VOLUNTEER MEMBERSHIP. ALSO TO HELP FURTHER THEIR WORK IN ANTI DRUG CAMPAIGNS AND PROVIDE LEADERSHIP, INSPIRATION AND DIRECTION TO THE YOUNG PEOPLE OF THE STATE OF CONNECTICUT.  INCLUDES FOREIGN GRANTS: NO	8,000.	
	<u>\$ 8,000.</u>	<u>\$ 0.</u>

**STATEMENT 7  
 FORM 990-EZ, PART V  
 REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO