See a Social Security Number? Say Something!
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0912

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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*

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01/01 , 2009, and ending 12/31 , 20 09

B Check if applicable.
- ☐ Address change
- ☑ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MILFORD ROTARY CLUB FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 618

City or town, state or country, and ZIP + 4
MILFORD, NH 03055

D Employer identification number
02-0512441

E Telephone number
603-654-3525

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
Other (specify) ▶

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

I **Website:** ▶ http://www.clubrunner.ca/CPrg/home/homeA.asp?cid=2944

J **Tax-exempt status** (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 131,901

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	28,219
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	1,645
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☑			
	a	Gross revenue (not including $ 22,530 of contributions reported on line 1)	6a 102,037		
	b	Less: direct expenses other than fundraising expenses	6b 38,635		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	63,402
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	93,266
Expenses	10	Grants and similar amounts paid (attach schedule) See Statement 2		10	38,595
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ See Statement 3)		16	75
	17	**Total expenses.** Add lines 10 through 16 ▶		17	38,670
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	54,596
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	186,109
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4		20	29,572
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	270,277

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	186,109	22	270,277
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	186,109	25	270,277
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	186,109	27	270,277

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

What is the organization's primary exempt purpose? See Statement 5

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, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)	
28	SHARE Outreach: SHARE is a self-help agency serving the Souhegan Valley for 15 years. It provides rental assistance, a food bank, clothing barn, christmas and thanksgiving baskets and gifts, and funds for personal (Continued on Statement 6) (Grants $ 20,000) If this amount includes foreign grants, check here ▶ ☐	28a	20,000
29	Neighborhood Redevelopment Programs:MAINTENANCE OF ROTARY CENTENNIAL PARK IN MILFORD NH FOR BENEFIT OF THE RESIDENTS OF LOCAL COMMUNITIES (25000 VIEWERS) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	5,300
30	As part of its ongoing Scholarship program, the MRCF granted two scholarships from its Scholarship fund in 2009. (Grants $ 4,000) If this amount includes foreign grants, check here ▶ ☐	30a	4,000
31	Other program services (attach schedule) See Statement 7 (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	38,595

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CYNTHIA DOKMO 74 CHRISTIAN HILL RD, AMHERST, NH 03031	TRUSTEE, 0.1	0	0	0
JAMES S INFANTI 11 JOE ENGLISH RD, MONT VERNON, NH 03057	TRUSTEE, 0.10	0	0	0
DOUGLAS A RUPERT 31 CONNOR LANE, WILTON, NH 03086	Trustee & Treasurer, 1	0	0	0
RICHARD D D'AMATO 74 BEECH ST, MILFORD, NH 03055	TRUSTEE, 0.1	0	0	0
STANLEY J KANKOWSKI 82 SUMMER ST, MILFORD, NH 03055	TRUSTEE & Chairman, 0.2	0	0	0
WILLIAM V MCNAMARA 38 BUCKRIDGE DR, AMHERST, NH 03031	TRUSTEE, 0.1	0	0	0
LAWRENCE R HAUGHEY 26 ATHERTON LANE, AMHERST, NH 03031	TRUSTEE, 0.1	0	0	0

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

			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	✓	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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 outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ NH			
42a	The organization's books are in care of ▶ DOUGLAS A RUPERT Telephone no. ▶ 603-654-3525			
	Located at ▶ 31 CONNOR LANE, WILTON, NH 03086 ZIP + 4 ▶ 03086			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's 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."

(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
None				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's 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
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶

Sign Here

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

Douglas Rupert — 11/12/2010

Signature of officer — Date

Douglas Rupert, Treasurer

Type or print name and title

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 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

2009

Open to Public Inspection

Name of the organization	Employer identification number
MILFORD ROTARY CLUB FOUNDATION	02 : 0512441

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 33⅓ % 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 33⅓ % 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–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	172,583	37,307	24,093	23,505	28,219	285,707
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	172,583	37,307	24,093	23,505	28,219	285,707
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)						41,677
6 **Public support.** Subtract line 5 from line 4.						244,030

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	172,583	37,307	24,093	23,505	28,219	285,707
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,018	1,691	2,915	3,362	1,645	11,631
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.)				111,184	63,402	174,586
11 **Total support.** Add lines 7 through 10						471,924
12 Gross receipts from related activities, etc. (see instructions)					12	102,037

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 2009 (line 6, column (f) divided by line 11, column (f))	14	51.71 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	60.53 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** 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—2008.** 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						

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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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. Provide any other additional information. See instructions.

General Explanation - Line 10, 2008: The NH Charitable Foundation transfered $111,184 to the MRCF in May 2008.
This was money raised by the Milford Rotary Club prior to 1999 for the purpose of local scholarships. The transfer was made to retain the Club's right to select the scholarship recipients. See the MRCF 2008 form 990-EZ.

Reasonable Cause Explanations

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
MILFORD ROTARY CLUB FOUNDATION

Employer identification number
02 : 0512441

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 100 holes golf tou (event type)	(b) Event #2 Pancake Breakfas (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	53,550	26,137	38,016	117,703
	2 Less: Charitable contributions	0	22,530	0	22,530
	3 Gross income (line 1 minus line 2)	53,550	3,607	38,016	95,173
Direct Expenses	4 Cash prizes	13,700	0	0	13,700
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	14,318	0	0	14,318
	7 Food and beverages	1,553	2,500	0	4,053
	8 Entertainment	0	0	0	0
	9 Other direct expenses	1,895	3,557	1,112	6,564
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(38,635)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				56,538

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			6,864	6,864
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				6,864

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: NH			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	✓	
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		✓
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		✓
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		✓

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	13a	0 %		
b	An outside facility	13b	100 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶ NH Charitable Gaming				
	Address ▶ 185 Elm Street Milford, NH 03055				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		✓	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 6,864 and the amount of gaming revenue retained by the third party ▶ $ 13,730 .				
c	If "Yes," enter name and address of the third party:				
	Name ▶ NH Charitable Gaming				
	Address ▶ 185 Elm Street Milford NH 03055				
16	Gaming manager information:				
	Name ▶ NH Charitable Gaming				
	Gaming manager compensation ▶ $ 13,730				
	Description of services provided ▶ See Statement 8				
	☐ Director/officer ☐ Employee ☑ Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			✓
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0				

General Explanations

Reference	Explanation
Form 990-EZ, Part V, Line 33	The MRCF was the beneficiary during 2009 of 10 days' gaming activity at The Card Room, conducted by NH Charitable Gaming, an operator licensed by the State of New Hampshire, under which license a charity must be involved and receive a portion of the proceeds Also, The MRCF assumed responsibility for fund-raising events previously conducted by the Milford Rotary Club, on July 1, 2009 These events include a golf tournament, pancake breakfast, and sales of Christmas trees
Schedule G, Part III, Lines 1-8	The MRCF was the beneficiary of the proceeds of 10 days worth of poker gaming at The Card Room, Milford NH, conducted by New Hampshire Charitable Gaming (NHCG). NHCG is licensed by the State of NH to conduct such activity, with 1/3 of the net proceeds going to a licensed charity within the state The MRCF's sole function/responsibility is to observe, thru a nightly visit by a member to the premises, that the activity is being conducted None of MRCF's members are actively involved in conducting or managing the games.

Grants and Similar Amounts Paid

		BookValue	FMV Amount
Type of Activity:	Grant		20,000
Donee's name and address:	SHARE OUTREACH Columbus Drive Milford, NH 03055		
Purpose of payment to affiliate:			
Relationship:			
Description:			
How Book Value Determined:			
How FMV Determined:			
Date of Gift:			
	Total:	**0**	**20,000**

Other Expenses Schedule

Description	Amount
NH Registration Fee	75
Total	**75**

Other Changes In Net Assets Schedule

Description	Amount
Unrealized Gain (Loss) on Investments	29,572
Total:	**29,572**

Primary Exempt Purpose

Primary Exempt Purpose

THE MRCF WAS ESTABLISHED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES THE FUND WILL RECEIVE, MAINTAIN, INVEST AND DESIGNATE FUNDS AVAILABLE FOR DISTRIBUTION TO ADVANCE THE CAUSE OF EDUCATION AND COMMUNITY WELL-BEING BY DISTRIBUTING FUNDS TO EDUCATIONAL AND CIVIC INSTITUTIONS, ORGANIZATIONS, ASSOCIATIONS AND GROUPS AND TO INDIVIDUALS WHO ARE MATRICULATED IN A POST-SECONDARY EDUCATIONAL PROGRAM, INCLUDING VOCATIONAL EDUCATION THE FUND WILL PROVIDE BENEFITS FOR THE RESIDENTS AND COMMUNITIES OF AMHERST, MILFORD, MONT VERNON, WILTON AND LYNDEBORO, NH

First Program Service Accomplishments Description

Description

emergencies when there is no where else to turn. The MRCF has pledged $30,000 over three years to help Share purchase a building to house its operations SHARE serves approximately 2,000 persons per year, and is available to all residents of our local communities

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Other grants and contributions, totalling $9,295. were made to various organizations and programs, including Milford Regional Counselling Services ($2,500), Mont Vernon School Library ($1,000), Meals on Wheels ($1,000), Milford Do-It ($750), Milford Middle School ($640), Holiday Toy Store, Wilton Christmas Store, Amherst Town Library, Nashua Children's Home ($500 each), Smile Train, Cub Scouts, Veterans Flags, Messiah Sing, Milford High School Jam Club, and Amherst Junior Womens Club,	9,295		9,295
Total:			**9,295**

Services provided by gamaing manager

Description
NH Charitable Gaming operates The River Card Room, which conducts licensed poker games. NHCG provides a turnkey operation, with various charities participating in the proceeds for up to 10 days per year

State of New Hampshire

Recording fee: $25.00 | Form NP-3
Use black print or type. | RSA 292:7
Leave 1" margins both sides.

AFFIDAVIT OF AMENDMENT
OF
THE MILFORD ROTARY CLUB COMMUNITY FUND
A NEW HAMPSHIRE NONPROFIT CORPORATION

I, David G. Sturm, the undersigned, being the President (Note 1) of the above named New Hampshire nonprofit corporation, do hereby certify that a meeting was held on April 15, 2009, in Milford, New Hampshire (Note 2), for the purpose of amending the articles of agreement and the following amendment(s) were approved by a majority vote of the corporation's Trustees. (Note 3)

Change the name of the corporation to:
The Milford Rotary Club Foundation

[If more space is needed, attach additional sheet(s).]

A true record, attest: David Sturm
(Signature)

Date signed: 11/16/09

Notes:
1. Clerk, secretary or other officer.
2. Town/city and state.
3. Enter either "Board of Directors" or "Trustees".

DISCLAIMER: All documents filed with the Corporate Division become public records and will be available for public inspection in either tangible or electronic form.

Mail fee with DATED AND SIGNED ORIGINAL to: Corporate Division, Department of State, 107 North Main Street, Concord NH 03301-4989.

File a copy with Clerk of the town/city of the principal place of business.